

**SUPPORTING AUSTRALIAN DEFENCE FORCE  
PEACEKEEPERS AND THEIR FAMILIES: THE  
CASE OF EAST TIMOR**

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# **SUPPORTING AUSTRALIAN DEFENCE FORCE PEACEKEEPERS AND THEIR FAMILIES: THE CASE OF EAST TIMOR**

PHILIP SIEBLER

The findings and views expressed in this report are the results of the author's research and are not to be taken as the official opinion of the Department of Defence

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## **PREAMBLE**

This report by Philip Siebler has been achieved entirely through the author's work and his role with the Defence Community Organisation (DCO). The report is merely being distributed by the Directorate of Strategic Personnel Planning and Research (DSPPR), however, this is with some important aims. The overarching aim of the qualitative research project is to increase understanding of the experience of what it means to a deployed and non-deployed spouse to be supported through all stages of an overseas deployment. In turn, distribution via DSPPR allows for dissemination to a relevant readership, and as a major piece of DCO Service family research ensures that it is catalogued and available in the future as part of Defence's growing personnel and social research capability. In terms of the more specific objectives of the report, the recommendations are subject to DCO evaluation and consideration. The report is not provided as a Defence position paper, but rather it is provided to increase awareness and allow visibility of a substantial piece of Defence research.

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# GLOSSARY OF ACRONYMS

ACRONYM	FULL TITLE
ADF	Australian Defence Force
CRTA	Compassionate Return to Australia
DCO	Defence Community Organisation
DFA	Defence Families of Australia
DVA	Department of Veterans Affairs
DSNSG	Defence Special Needs Support Group
FWSN	Families With Special Needs
INTERFET	International Force for East Timor
NWCC	National Welfare Coordination Centre
UNTAET	United Nations Transitional Administration East Timor
VVCS	Vietnam Veterans Counselling Service

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Firstly, the wisdom, humour and generosity of the ADF members and their partners (76 participants in all) is acknowledged. Individuals and couples were interviewed in all States and Territories (except Tasmania) and went out of their way to support the project. Participants demonstrated a healthy scepticism about the project and a keen interest in the results and outcomes of the research.

Feedback was appreciated via e-mail and telephone of ADF families around Australia who expressed interest in being participants but were unable to be accommodated due to the sample size being reached. In addition, e-mails of suggestions from personnel across all ranks and services were greatly appreciated.

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The 2001 Defence Special Needs Support Group Annual Conference enabled an overview of the project to be presented which provided valuable input into the project and a commitment to promote it through the network. Defence Families Australia (formerly the National Consultative Group of Service Families) kindly agreed to promote the research through its network.

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- Max Liddell, Senior Lecturer, Faculty of Medicine, Nursing and Health Science, Monash University,
- Dr Les Terry, Department of Social Sciences, Victoria University, and
- Dr Lisa Bourke, Department of Rural Health, University of Melbourne

Finally, the researcher takes full responsibility for the contents of the report.

**Philip Siebler**

**2003**

# EXECUTIVE SUMMARY

## Background

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This report is about how ADF personnel and their families perceived support during deployment to East Timor as seen through the eyes of the main protagonists - the personnel who deployed and their partners who remained in Australia.

The current report was a project arising out of the author's PhD in social work. As a Doctoral Candidate and Defence Community Organisation social worker the deployment provided a unique and timely opportunity to investigate, examine and analyse the parallel experiences of the deployed member and the family remaining behind. The project would provide information as a basis for recommendations for specific strategies to address the support needs of ADF personnel, their partners, children and extended family before, during and after an operational deployment. A collaborative project was established in that DCO HQ generously agreed to provide funding for the transcription of interviews that would be conducted in the researchers own time and at own expense.

## Aim of Project

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The overarching aim of the current project is to:

- Increase understanding of the experience of what it means to a deployed and non-deployed spouse to be supported through all stages of an overseas deployment.

## Objectives of Project

---

The general objectives of the project are to:

- Identify support needs during all stages of a deployment,
- Identify the strengths of and gaps in family support service delivery during all stages of deployment including DCO, NWCC, Psychology Support and chain of command,
- Create a model of service delivery that is likely to be effective in supporting personnel and their families before, during and after an operational deployment, and
- Provide recommendations for policy and practice to better support Australian Defence Force personnel and their families during all stages of a deployment in order to enhance operational effectiveness, retention, family functioning and wellbeing.



# Methodology

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A qualitative research methodology was chosen since it was best suited to answering the research questions which sought description, interpretation and explanation of the experience of deployment from the perspectives of the deployed and non-deployed person. An original, semi-structured interview schedule was created on the basis of an extensive review of the literature to identify gaps in knowledge.

Participants were recruited by placing advertisements in the three service newspapers, SeaTalk, community newsletters at Defence locations around Australia, and Defence Family Matters. Far more potential participants contacted the researcher than was required in a qualitative study. A manageable number of forty-four interviews was conducted. Most interviews were with couples and in total the study interviewed seventy-six participants.

A single, face to face one and a half to two hour interview was conducted with individuals and couples and audio-taped with the signed consent of the participants. Interviews were conducted mostly in participants' residences on weekends or after work hours during the week although a small number were conducted in living in accommodation, wardrooms, messes or DCO offices. The researcher travelled to participants who were located in all States and Territories except Tasmania. One interview in Perth was conducted during the mid-point of a 6 month deployment, known as Relief Out of Country Leave (ROCL). Interviewing commenced in early 2001 and was completed in January 2002. Interviews were transcribed by June 2002.

In addition to the primary data source of interview transcripts, secondary data was obtained from the National Welfare Coordination Centre (NWCC) which consisted of qualitative and quantitative data. Such data was consistent with the research questions relating to formal and informal support mechanisms.

The sample criteria were:

- members of the Australian Defence Force with or without dependant children (Army, Navy and Air Force),
- and any partner,
- members who had been deployed to East Timor in either Operation Warden/Stabilise and/or Operation Tanager.

The personnel sample was reflective across the Navy, Army and Air Force of the diversity of military occupations including legal, medical, a ship's commanding officer, infantry, pilots, special forces, logistics, transport, armour, air defence, communications, intelligence and a United Nations Military Observer. The non-deployed partner sample reflected a range of employment types. A sample diverse in age, length of service, education, special needs, length of relationship and family type was achieved.

The research required submissions to and the approval of two ethics committees – the Australian Defence Human Research Ethics Committee (ADHREC) and the Monash University Standing Committee on Ethics in Research Involving Humans (SCERCH).

Interview data was transcribed, edited and prepared for importing into NVivo, a software program that enabled computer-assisted analysis of qualitative data. NVivo assists in electronic storage, filing and retrieval of large amounts of text. Analysis permitted support for themes across a broad range of categories including service type, family type, operation, special needs, compassionate return, National Welfare Coordination Centre and DCO. Computer-assisted use of NVivo enabled confidence that themes identified were common across interviews.

## Findings and Recommendations

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### Overall Findings and Recommendations

As a statement of ‘first principle’, it is recommended DCO elevate ‘Deployment Support’ to program status since it is a core business of DCO to ‘enhance Defence capability’ of which support to military operations and families is paramount. The program could include all operations and exercises in Australia as well as overseas deployments. A program structure is recommended that enables outcome and process evaluation to occur.

It is recommended a strengths based, family-centred case management approach underpin DCO social work practice through all stages of deployment to at least eighteen months post-deployment to complement a promotion, early intervention and prevention approach in line with the National Mental Health Strategy and ADF Mental Health Strategy. It is recommended the service target families with children under the age of two, sole parents, dual military families with children, Families With Special Needs, Compassionate Return To Australia cases and other families as identified. The families of high operational tempo units and individual reinforcements need particular attention. It is recommended case managers have access to brokerage funds.

It was found DCO did some excellent work during the stages of deployment such as counselling and information provision. It was found that ADF personnel and their families generally managed the experience well amid a context of unpredictable hostility in the case of Operation Warden in particular. It was found that personnel and family members felt proud of the achievements of the humanitarian mission although there was an expectation that serving their country meant that adequate support needed to be forthcoming. It was found ADF personnel and their partners would accept assistance from a DCO social worker if it was offered. It was found that personnel lacked education regarding the type of support DCO could offer as well as the importance of DCO knowing as early as practical the type of support needed.

It was found that social workers in Defence are likely to be more effective in working with ADF families if they are more proactive in encouraging clients to enter services (known as assertive outreach), actively market their service, are outcomes-based and develop relationships between service users and service providers. It was found ADF personnel and their partners are willing to undergo research and talk about their experiences to improve service provision. It was found there was evidence of a dissonance of perspectives between social workers and ADF personnel and their partners that weakened working alliances.

It is recommended Defence convene an inaugural Military Family Support conference with international and national researchers with an emphasis on deployment.

It is recommended the Australian Defence Organisation foster a corporate culture of military family research.

## **Pre-Deployment**

Research found overwhelming support for both INTERFET and UNTAET operations from the participants' perspective despite the fact the majority of the non-deployed spouses expressed fear that their loved ones may not return due to death or injury.

Despite the short time frame for preparations for INTERFET, it was found personnel and their families demonstrated a remarkable capacity to complete the necessary practical arrangements amidst a context of uncertainty. Common difficulties were confusion about the significance, need for and process of obtaining a Power of Attorney and lack of information about entitlements such as limited removals for family support. It was found most families had existing plans in place for deployment such as wills, car maintenance, financial arrangements and childcare. The project found better mechanisms needed to be in place prior to deployment so that DCO was aware of any potential or actual family support needs when personnel deployed.

It is recommended Defence Organisation policymakers create a comprehensive policy with respect to pre-deployment checklists and/or Family Care Plans that caters for all personnel and family types.

It was found information provision was vital before deployment so that families understood their entitlements and relevant Conditions of Service. It was found families that received these after their partner deployed were disadvantaged. It was found information needed to be disseminated in as many ways as practicable and presentations needed to be at different times of the day and evening to cater for working parents. Large presentations were effective for some families although were found to be ineffective and threatening to a number of spouses who would have been better supported by smaller group gatherings. Single members and dual military families were least likely to find presentations helpful to their needs. Variation in quality and effectiveness of information presented was found.

It is recommended DCO creates flexible presentation packages for use by workers at Unit/Ship/Base pre-deployment briefings. Such packages need to reflect the diversity of family types.

It was found that pre-deployment is a pivotal time to form a 'helping relationship' with ADF personnel and their partners since they seek practical information and are in a planning phase amidst an emotional climate of uncertainty and concern.

It is recommended DCO social workers initiate and offer face to face, graduated, targeted assistance to families prior to deployment as part of case management.

It was found that pre-deployment impacted negatively and positively on all family members including children and extended family such as parents. It was found parents of serving members were also 'information-seeking' and concerned about their sons and daughters prior to deployment and were frequent users of the NWCC and DCO.

It is recommended support provisions by the NWCC and DCO reflect the needs of extended family members in policy.

It was found families of personnel deployed singly (individual reinforcements) and Navy personnel already at sea prior to Operation Warden were less likely to receive NWCC information packs and/or information presentations. Evidence of a lack of knowledge of the NWCC at a unit/ship level was found which may explain the preceding finding.

It is recommended DCO take the lead to develop better mechanisms for identifying and supporting families of personnel deployed singly.

## Deployment

A central finding was that the capacity to communicate by telephone, satellite phone, e-mail, freepost and video to and from the theatre of operations sustained families and personnel throughout the separation period of deployment. Variations were found in access to electronic communication media by personnel with higher ranks being perceived to have more liberal access which impacted negatively on morale. It was found use of communication technology such as the internet was popular and effective in enabling communication for children and extended family members as well as couples.

It is recommended the Defence Organisation promote and resource the use of internet technology to support families during deployment such as bulletin boards, online support groups and web sites to enhance communication. It is recommended DCO Internet computers be available for this purpose and be more actively promoted. It is recommended the NWCC capture e-mail addresses of families via the Family Registration database to enhance communication. It is recommended Defence maintain freepost for personnel on operations.

It was found mental health and wellbeing were significant issues in this study for a number of spouses, children and adolescents remaining in Australia. In particular, maternal depression, sleeping problems, loneliness and miscarriages were reported, as well as acting out behaviour and withdrawn behaviour in children and adolescents. It was found there was no process to identify these families who coped alone.

It is recommended DCO's case management model screen and target pregnant women and mothers with children under the age of two years.

It was found the Compassionate Return to Australia (CRTA) process was inherently traumatic for families who reported mixed findings with the quality of support offered by DCO social workers and other service providers.

It is recommended CRTA cases be case managed.

An overriding finding was that spouses and personnel in this study wanted and expected DCO to contact the non-deployed spouse during separation. A gap in understanding of the deployment experience by social workers of ADF personnel and their partners was found. It was found families were unclear of the support DCO could offer families during deployment and that families were confused about roles within DCO.

It is recommended DCO provide practical case examples of the support it can offer during deployment (and all phases) via brochures, websites, information presentations and Defence newsletters.

It was found spouses utilised informal support systems such as unit-level family support groups, friends, family, and work groups to manage the separation period. Use of the internet for support was found to be effective. Spouses reported giving and receiving help and that they felt understood by others going through a similar experience to their own.

It is recommended DCO take a more active role to assist in the formation of support groups and informal networks via its community development mode of social work practice and Family Support Funding Program. It is recommended DCO explore the use of the internet such as computer-mediated support groups led by social workers.

It was found unit/base ship level support was variable in quality of information and amount of contact with families.

It is recommended DCO provide more support to units such as provision of information, updates to ship's websites, and training of rear details personnel.

## **Homecoming and Post-Deployment**

It was found relief leave during Operation Tanager was a mixed blessing for families since family routines were disrupted and young children becoming unsettled and distressed with the 'second departure'.

It was found further education of families regarding the impact of relief leave be provided in information packs and day care centres, pre-schools and schools be provided with such information to support children.

It was found the uncertain end date to Operation Warden created uncertainty and resentment for families when end dates changed with little communication with families.

It was found that personnel that received Return to Australia debriefs prior to leaving East Timor generally found them useful although spouses received no 'psycho-social preparation'.

It is recommended DCO develop flexible ways of delivering reunion education using existing programs such as Operation READY, individual sessions and information packages.

It was found there were many forms of homecoming from public fanfares to personnel arriving home unexpectedly. It was found most families renegotiated their family roles based on previous separation experience, intuition and education.

It was found mental health and wellbeing were principal issues for all participants twelve months and more after deployment. It was found military personnel witnessed devastation in the environment of East Timor, violence in the community, road trauma, body recovery, infractions in the community, and combat resulting in death and injury. It was found events continued to be vividly re-lived through nightmares for some which impacted on families. There was evidence of secondary traumatising of families. It was found that personnel were willing to talk about their experiences twelve months and more post deployment. It was found many personnel and their families had little knowledge of potential services available to them. It was found that mental health screening post-deployment was ineffective for personnel and non-existent for families.

It is recommended Defence mental health policy includes family members in any post-deployment mental health support program. It is recommended DCO develop enhanced linkages with relevant organisations such as Defence Psychology, NWCC, Vietnam Veterans Counselling Service, the Australian Centre for Posttraumatic Mental Health, and Defence Health to identify personnel and their families requiring support post-deployment.

It is recommended DCO strengthen its post-deployment mental health support in policy by a case management model that screens appropriate participants and provides tailored support such as family consultations, information and referral until at least eighteen months post-deployment.

It was found that the decision-making process to leave the ADF after the deployment had made personnel more contemplative although only one member had placed an application for discharge at the time of interviewing.

## **Deployment Support Case Management Model**

A strengths-based, family centred case management model of practice was recommended to optimise support during all stages of a deployment given that:

- DCO is the primary organisation in the Defence Organisation that provides family support and the social work profession is well placed to assume the role of case manager. DCO already has experience in case management for next of kin of deceased members via DI(G) PERS 42-6
- Deployment impacts on families and personnel at a bio-psycho-social level leading to diminished mental health for certain groups with concomitant effects on other family members – case management is designed to service vulnerable groups and tailor support to their needs
- Supporting families in Defence is complex and requires spanning and managing of boundaries within and between organisations, Defence and non-Defence – case managers hold responsibility for coordination of the ‘helping system’
- Strengths based case management has been shown to encourage clients to stay involved in treatment and receive appropriate services
- Case management optimises the use of informal and formal helping networks which is in line with the findings of the current project – eg to strengthen family links with self-help groups which have been shown to be very effective
- Case management is outcome-oriented which is in line with Quality Improvement Council standards which DCO is adopting
- ADF personnel and their families are resilient and strengths based approaches enhance resilience
- Currently there is no coordinated process in the Australian Defence Organisation that assists families to get the support they need during all stages of deployment and particularly after deployment. There was evidence families are slipping through the net and are ‘in the dark’ regarding the service continuum - case management takes a holistic stance

## **Conclusions**

Deployment was a life changing experience for personnel and their families and impacted positively and negatively on individuals, couples and families. Future research is needed to both quantify and further understand the ADF family experience of deployment.



# BACKGROUND TO PROJECT

This report is about how ADF personnel and their families perceived support during deployment to East Timor as seen through the eyes of the main protagonists - the personnel who deployed and their partners who remained in Australia. Although this research captures family support data regarding operations in East Timor, the project's findings are highly relevant to service providers that provide family support to the ADF in current and future operations overseas.

The impetus for the project came about as a result of the author's parallel experience of employment as a social worker in the Defence Community Organisation (DCO) and as a Doctoral Candidate in social work at Monash University. As a social worker, the researcher had a particular interest in responses about the social work role in Defence. Since this report is intended to be broader in scope than a Doctoral thesis, interested readers are referred to Siebler (forthcoming) for a detailed theoretical analysis.

The Defence Community Organisation formed on 1<sup>st</sup> July 1996 as a result of a restructuring of the Single Service Welfare organisations and the Australian Defence Families Information and Liaison Staff (ADFILS). The deployment of ADF personnel to East Timor in September 1999 cast personnel and their families into prominence in the Australian and International community and presented a major challenge to the Defence Organisation including DCO in supporting personnel and their families during all stages of the deployment.

The deployment heralded a new era in support for ADF families with the advent of the military-staffed National Welfare Coordination Centre (NWCC), designed to coordinate assistance to the families of members on Australian Theatre mounted operations during Operation Warden/Stabilise and Operation Tanager. DCO and the NWCC were to work in concert and complement the Unit/Base/Ship supports to families of the Single Services.

Thus, the Defence Organisation's support agencies for the largest deployment of personnel since Vietnam were themselves established on the eve of the deployment in the case of the NWCC and three years prior in the case of DCO. The DCO Operational Plan in support of Operation Warden/Stabilise was also created at the commencement of the deployment.

As a Doctoral Candidate and DCO Social Worker the deployment provided a unique and timely opportunity to investigate, examine and analyse the parallel experiences of the deployed member and the family remaining behind. The project would provide information as a basis for recommendations for specific strategies to address the support needs of ADF personnel, their partners, children and extended family before, during and after an operational deployment.

After an extensive military family literature review was conducted, a qualitative methodology was chosen to provide insight into the deployment experience. In-depth interviewing was the method chosen since it enables identification and analysis of issues in-depth in order to gain understanding of the experience. The strength of qualitative data is that the entity under study may be generalised to other situations. Thus, the findings of this study have utility for the concept of support for war-like peacekeeping missions per se. In addition the study utilised secondary data sources from the National Welfare Coordination Centre (NWCC) enabling a level of cross-validation of findings.



A collaborative project was established in that DCO HQ generously agreed to provide funding for the transcription of interviews that would be conducted in the researchers own time and at own expense.

The overarching aim of the current project is to:

- Increase understanding of the experience of what it means to a deployed and non-deployed spouse to be supported through all stages of an overseas deployment.

The general objectives of the project are to:

Identify support needs during all stages of a deployment,

- Identify the strengths of and gaps in family support service delivery during all stages of deployment including DCO, NWCC, Psychology Support and chain of command,
- Create a model of service delivery that is likely to be effective in supporting personnel and their families before, during and after an operational deployment, and
- Provide recommendations for policy and practice to better support Australian Defence Force personnel and their families during all stages of a deployment in order to enhance operational effectiveness, retention, family functioning and wellbeing.

Chapter One provides an overview of previous research and current thinking about operational deployments from a member and family perspective. In addition, Chapter One highlights the gaps in what is known about supporting families and personnel through all stages of a deployment. Chapter Two outlines the purpose of the project, choice of methodology, and limitations of the research.

Chapters Three to Five present the findings of the research from the participants' perspective across the stages of pre-deployment, during deployment, and homecoming and post-deployment. Quotes from interview transcripts are used to illustrate the central themes. Each chapter concludes with a discussion of the findings and recommendations are made in the light of participants' suggestions for improving practice as well as previous research.

Chapter Six provides a synthesis of the previous chapters and draws findings together to create a conceptual policy and practice model for the Defence Community Organisation with respect to deployment.

Chapter Seven concludes the report and makes overall recommendations.

# CHAPTER ONE- INTRODUCTION

## Brief Literature Review

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### Background

In this section a brief overview will be presented of some of the key issues for personnel and their families arising out of the military family support and deployment literature. The bulk of the literature stems from America, is based on quantitative research (usually mailed surveys), and is often targeted at the Single Services and the non-deployed spouse with a predominance on the Army. No previous research has sought the perspective of ADF personnel and their partners regarding their individual, couple and family experience of an overseas deployment.

Deployment of forces is not a new phenomenon although supporting the families of the forces is, in historical terms. Shifts in American attitude from neglect in the Revolutionary War, ambivalence in the era from World War One to World War Two, to a revival of public and government interest in family issues during Operation Desert Storm (1991) has led to a '...Proactive, Planned Approach to Program Development and a Comprehensive System of Services' according to Albano (1994:298). Despite Albano's bold claim, little is known about the effectiveness of such services and there have been calls for military family program evaluations (Bell and Schumm 1999). In particular, this lack of knowledge of 'what works' is surprising with respect to deployment since services need to be functioning optimally at this time.

### Levels of Family Support

In their sourcebook for service providers which has widespread use by the American forces entitled 'How to Support Families During Overseas Deployments', Bell, Stevens and Segal (1996) suggest three levels of family support:

- installation level such as housing, counselling, childcare,
- unit-based which consists of unit leadership, the Family Support Group (FSG), Rear Detachment, and
- the families' own interpersonal resources such as friends and relatives.

In concert with Bell et al.'s (1996) conceptualisation of levels of family support is the notion of community capacity which Bowen and Martin (1998:2), suggest is a core component of the 21<sup>st</sup> century military, that is:

*'...the adequacy and effectiveness of formal and informal systems of social care in providing military families with the necessary symbols, resources, and opportunities required to: (a) develop a sense of community identity and pride, (b) meet individual and family needs and goals, (c) participate meaningfully in community life, (d) secure instrumental and expressive support, (e) solve problems and manage conflicts, (f) affirm and enforce prosocial norms, (g) cope with internal and external threats, and (h) maintain stability and order in personal and family relationships. This concept is not limited to the on-base physical or social environment.'*

Formal systems include 'the world of professionals' whereas informal systems include the 'world of lay helpers' (Froland, Pancoast, Chapman and Kimboko 1981). Formal networks include unit leadership and the human service delivery system whereas informal networks include groups, work relationships, family, community and friends (Bowen, Martin, Mancini and Nelson 2000). Bowen et al (2000) suggest a crucial function of formal networks is to strengthen informal networks and that research that targets military communities during times of adversity such as a major deployment may contribute to theory development (Bowen and Mc Clure 1999; Bowen and Martin 1998). The present study inquires about participants' experiences of formal and informal supports around deployment in-situ, generating data that will assist policymakers and will contribute to theory development although this is more fully explored in Siebler (forthcoming).

## **Peacekeeping and War Fighting**

The Persian Gulf War of 1991 and the so-called 'new' deployments (Bell and Schumm 1999) of peacekeeping and for humanitarian purposes have resulted in a substantial deployment literature. However, much of the research has been on the effects of increased deployments on service members and their spouses (Bell and Schumm 1999) and has neglected the diversity of family types that exist in the forces today.

In practice, the line in the sand between peacekeeping and war-fighting is narrow and ambiguous as Gravino, Segal, Segal and Waldman (1993) suggest. They describe the initial use of peacekeeping (Operation Desert Shield) and ultimate war-fighting (Operation Desert Storm) that became known as the Gulf War. Indeed, the dangers and hazards associated with peacekeeping are well documented (Segal and Segal 1993; Marie-France, Noah and Usman 2001) and 'peacekeeper's stress syndrome' has been diagnosed since 1979 (Shigemura and Nomura 2002). Although peacekeeping is generally defined as a form of low-intensity conflict (Gravino et al 1993), 1767 lives have been lost since peacekeeping commenced in 1948 (United Nations 2002). There have been seven Australian deaths in the period 1948-2002.

The ambiguity of the peacekeeping role has implications for how personnel and families make sense of the mission and their particular support needs (Eyre, Segal and Segal 1993). As a consequence, research targeting how and whether families and personnel view peacekeeping as a 'good reason' for personnel to be deployed has been identified (Bell and Schumm 1999). Qualitative research is predicated on understanding situations and is best suited to this task. The present study will explore how families and personnel make sense of this particular deployment to East Timor

In the light of the above, peacekeeping and war-fighting deployments pose differing degrees of physical risk of injury or death and separation of family members for varying amounts of time (Bell and Schumm 1999). Importantly, the greatest single stress for military families is family separation created by the deployment of the military member (Knox and Price 1995). Further, family separation is frequently cited in the literature as one of the primary reasons for personnel leaving the Army (see Bell and Schumm 1999; Hay 1993; Segal and Harris 1993).

## Family Separations

Separations often entail a reorganisation of family roles and routines as the spouse remaining at home adjusts to the partner's absence. Stressors may include a strain on the marital relationship, child care concerns, changes in children's wellbeing, difficulties accessing military services, and practical issues associated with home and car maintenance (Van Vranken, Jellen, Knudson, Marlowe and Segal 1984). Non-deployed spouses have been shown to experience loneliness, anger and depression as well as headaches, menstrual irregularity, weight change and sleep disturbances according to the authors. Coupled with a recent relocation, imminent childbirth or spouse unemployment, partners' functioning may be threatened.

Children in defence families experience the above features of military family life during deployment such as risks to their parent and absence of their mother and/or father. Children have been shown to have higher levels of depression (Jensen, Martin and Watanabe 1996), experience sadness and tearfulness, possess a need for greater discipline at home for boys, and more frequent symptoms of mental health concerns during deployment (Rosen, Teitelbaum and Westhuis 1994). Jensen (1999) suggested the gaps in the research with respect to children included how to identify and intervene with those children and families once problems have begun to emerge during a deployment. The current research will add to the knowledge regarding children and adolescent's wellbeing during a deployment.

From the perspective of deployed personnel, much of the deployment literature focuses on the readjustment of combat veterans and the prevalence and impact of post-traumatic stress disorder (see Sutker, Uddo, Brailey, Allain and Errera 1994 for a study examining the impact of body recovery on soldiers during the Gulf War; Carroll, Rueger, Foy and Donahoe 1985 for impact on marriage; Deane, MacDonald, Chamberlain, Long and Davin 1998 for an outline of a treatment program and evaluation). Indeed, Hernandez, Liverman and Greenlick (1999:33), have called for a broader research agenda that addresses conditions that emerge prior to, during and after a deployment including the following:

- diagnosable conditions,
- medically unexplained symptoms, physical and mental,
- effects on health-related quality of life,
- family impacts, and
- sequelae of combat injuries.

This broader focus is suggested in contrast to the traditional focus on the injuries and illnesses emanating from combat, training, infectious diseases, and environmental exposures. The present research will examine in-depth participants' perceptions of the impact of the East Timor deployment on personnel and families.

Studies have examined the deployment phases of pre-deployment, deployment and reunion and observed effects on individuals and families. Findings have been contradictory. For example, Amen, Jellen, Merves and Lee (1988) suggested the post-deployment period to be the most difficult whereas Kelley et al.'s (1994) research indicated the pre-deployment time was especially difficult for children and family togetherness actually improved upon return of the member. The literature is generally vocal regarding the strains of reunion for families. Numerous studies highlight homecoming problems such as marital conflict and estrangement, behavioural changes in children and physical stress symptoms (see Teitelbaum 1992; Jensen, Martin and Watanbe 1996). By the time families are reunited with serving personnel, many families have endured more significant stress than the member themselves according to Figley (1993). Despite the differences in findings, researchers are unequivocal that deployments place both the deployed member and spouse remaining at home under considerable stress.

On the other hand, separations are not inherently negative experiences for personnel or family members. Studies have indicated personnel have been reported as being proud of the way their spouses managed family issues during their absence (Coolbaugh and Rosenthal 1992) as well as improved marital functioning during homecoming (Jacobs and Hicks 1987). Further, the personal meaning associated with getting through the experience of separation during a deployment has been shown to have a positive effect on a couple's quality of life (Wood, Scarville and Gravino 1995). The literature is thin on the ground with respect to the positives of a deployment. The current project takes a social work strengths perspective (Saleebey 1996; Norman 2000) and will examine this aspect in detail.

According to Bell and Schumm (2000) most military families can and do adapt to the rigours of deployment. On the basis of interviews with service providers, the authors claim the following four types of families do not adapt well to deployments:

- Families with multiple problems, known to the 'family service community'. Problems are exacerbated when the member deploys,
- Young and inexperienced excessively dependent spouses who manage when their partner is present but are unprepared to cope alone. Young, newly enlisted families are cited in the literature as a uniquely vulnerable population (Wolpert, Martin, Dougherty, Rudin and Kerner-Hoeg 2000). Typically, young couples are facing military family life and separations from partners and extended family for the first time. The authors suggest that for those in the Navy, six months sea duty is standard. Army and Air Force peacekeeping deployments are often for six months. If the service member is a sole parent or part of a dual military couple with children, childcare is often a concern in terms of quality, access and affordability,
- The overly demanding spouse who expects the military to provide continual support during separation and is critical if demands are not met, and
- The families who are plotting for the early return of the service member. Such families, according to the authors, create crises but refuse to have them resolved unless the soldier returns.

Notwithstanding Bell and Schumm's problem-focused perspective on so-called 'problem families', the research literature lacks in-depth knowledge of families that have more than their share of difficulties (or indeed, have few difficulties) throughout a deployment from the service recipients' perspective. Indeed, Kluger, Rivera and Mormile-Mehler (2001) suggest service recipients should be included in any program evaluation of whether services make a difference and how they have improved people's lives. The current study will attempt to remedy this situation.

Research has shown spouses cope better with deployment if they adopt positive thinking and focus upon those aspects they can control (Bell and Schumm 1999). Despite the fact that findings have shown that family and friends are likely to be used and viewed as more helpful than formal military support agencies, formal services and programs play an important role (Bell and Schumm 1999).

## How Effective are Formal Support Services?

Despite the perceived important role of formal support services, relatively few evaluations of military support programs have been undertaken (Bowen and McClure 1999). No Australian evaluations have occurred. With respect to deployment, findings have shown users are generally satisfied with the quality of service delivery (Bowen 1984; Orthner, Bowen, Mancini, Pond and Levin 1998), and positive evaluations are correlated with job performance and deployability (Gimbel, Coolbaugh, Croan and Wright 1997), and ability of spouses to successfully manage a deployment (Gimbel et al.). Correlations are described as modest, however. Research has focused on the individual services of Navy, Army and Air Force with '...no real check on whether what they are learning has applicability to other services (Bell and Schumm 1999:116).' The present study is unique in that it will enable comparisons to be made across the three services from a consumer perspective in the context of the Defence Community Organisation, itself a tri-service support organisation.

## Models of Deployment

A salient theme of the deployment literature that has implications for support services is Hill's (1949) 'family stress model'. Hill, a sociologist, created an ABC-X family stress model as an outcome of studying soldiers and their families after the Second World War. Hill's model is still used today in military and non-military family stress research. In Hill's model:

- **A** represents a stressor or life event that produces change or has the potential to produce change in the family system,
- **B** represents the family's resources to meet the demand,
- **C** is the way the family perceives the event, and
- **X** represents the end-point interaction of **A**, **B** and **C** which may be a crisis.

In military families, **A** cannot be changed since it represents the deployment event which is not reversible. The model predicts that families with physical and psychological resources such as adequate finances and self-sufficiency (or **B** factor), and a positive outlook on the deployment (**C** factor) are more likely to successfully manage the deployment. However, if these factors are lacking, deployment stress may reach crisis such as family breakdown.

Thus, any intervention is best targeted at the **B** and **C** factors to decrease the negative effects of the **X** factor according to Black (1993). Practice guidelines have been developed to assist social workers and allied professionals on the basis of Hill's model (Black 1993). These include forming support groups, asking spouses to lead support groups, targeting young families, focusing on children, combating social isolation, managing the grief reaction, coping with indefinite separations, and planning the family's reunion.

Hill's model with more recent modifications (Mc Cubbin and Patterson 1982; Mc Cubbin and Mc Cubbin 1987) has also been used to examine family adaptation to military life more generally (Bell, Schumm, Elig, Palmer-Johnson and Tisack 1993, Bowen, Orthner and Zimmerman 1993; Black 1993). Black (1993) has shown that the model has been used as a theoretical framework for the bulk of the research with respect to military family separation.

Another model in the deployment literature is the 'emotional cycle of deployment' which arose out of Hill's (1949) classic study of family adjustment to the crises of war separation and reunion. The study found that the emotional stages of crisis or disorganisation, recovery and reorganisation were experienced prior to separation and upon return of the service member. Pincus, House, Christenson and Adler (2001) suggest the model has five stages, each of which is time-limited and poses emotional challenges which must be managed: pre-deployment, deployment, sustainment, re-deployment, and post-deployment.

However, Peebles-Kleiger and Kleiger (1994) make important distinctions between war and peacekeeping deployments with respect to the emotional cycle of deployment. Indeed, they posit an emotional cycle of peacetime deployment and what they term, emotional stages of wartime deployment which was posed during Operation Desert Storm. In essence, the author's (1994:183) contend the Gulf War deployment was psychologically different to a '...routine peacetime deployment...' in that it was unexpected, disruptive and hazardous. As an example, the authors suggest that in the final stage of a peacekeeping deployment family life stabilises, whereas for wartime families, emotional after-shocks may be rekindled throughout the family life cycle. The authors suggest the choice of the appropriate model can strengthen families' coping skills through educational strategies.

Despite Peebles-Kleiger and Kleiger's distinction between peacekeeping and war-fighting, research is lacking whether there is any difference in how personnel and their families make sense of the respective missions and whether coping strategies and support needs necessarily change.

## **Overseas Family Support Services**

The deployment literature has long established links between family stress, military performance and the degree to which the service member can meet operational goals (Toulson 1985). Clearly, this is of interest to policymakers and support services within Defence and is the *raison d'être* for the growth in formal, Defence funded support services for personnel and their families during operational and non-operational deployments. Whilst space does not permit a thorough analysis of such services, some observations will be made across the American, United Kingdom and Canadian Forces.

As cited previously, Operation Desert Shield/Storm was the catalyst for much of the research into the effectiveness of family support systems in meeting service and family needs. According to an American Department of Defence report, Family Policy and Programs: Persian Gulf Conflict (1992:18), the Army, Navy, Marine Corps, and Air Force Family Centres worked ‘...extremely well.’ and provided ‘...financial assistance, counselling, rumour control, child care referral, respite care, emotional support, emergency/crisis intervention and logistical assistance.’

The primary finding of the Persian Gulf report (1992:39) was that accurate information was crucial to family wellbeing. Those who had no link to accurate information concerning the deployment ‘...fell prey to rumours, felt out of control and subsequently experienced more anxiety and stress.’ Further, reunion briefings worked, according to the report. Family program managers facilitated briefings to troops and families prior to the troops’ return and the Navy sent reunion teams to the ships. Initiatives that were formulated as a result of an evaluation included a uniform policy instruction regarding Family Care Plans, Family Pre-Deployment Briefings, Family Document Preparedness, Unit Family Support Plans and Reunion Briefings. Indeed, Family Care Plans are current (U.S.A.) Department of Defence policy.

The United Kingdom also has a range of organisations that support service families and personnel. These include SSAFA Forces Help (Soldiers, Sailors, Airmen and Families Association), the Royal British Legion as well as single service organisations.

A UK survey commissioned by SSAFA Forces Help and the Army Families Federation, The Changing Attitudes Survey (2000-2001:3) aimed to:

*...begin to quantify the views of Army families on issues affecting their lives, with particular emphasis on emerging issues, rather than current dissatisfactions.*

Although the thrust of the survey was to take a snapshot of the views of Army families, one finding relating to deployment was that half of the respondents felt a critical time for a visit from a representative of the Army community was when their partner was away on tour. Approximately one quarter of spouses saw this visit as an opportunity to ask for information rather than emotional support. Spouses also reported they wanted to be acknowledged as individuals and for the role they played in contributing to their partner’s operational effectiveness although no details were provided.

The survey concluded about 50-60% of spouses sampled were self-reliant, 5% needed ongoing support and 35-40% varied in support needs according to their life stage. The report concluded that programs for families should be targeted to this latter group.



The Op Kinetic Task Force Kosovo Quality of Life (QOL) Update by Flemming and McKee (2000) for the Department of National Defence, Canada was begun in October 1999. The second phase, data collection, commenced in May 2000 and ended in the spring of 2002. The third and final phase will culminate in a final report and a series of recommendations aimed to enhance future deployments and support defence families in Canada. Flemming and McKee's (2000) report examined military Quality of Life in-theatre during deployment to Kosovo and Macedonia. Upon return to Canada, personnel and their spouses were interviewed in focus groups. The effectiveness of seven elements of family support services were measured according to the authors. These included:

- The extent to which spouses and families were informed of the array of services available during the deployment,
- The ease with which family members were able to gain information from military sources during the deployment,
- The availability of communications between the theatre of operations and home,
- The effectiveness of services provided by the member's unit or base,
- Satisfaction with the local Military Family Resource Centre,
- Services provided by other Department of Defence agencies, and
- The 1800 telephone assistance line.

Flemming and McKee (2000) found spouses had inadequate information regarding programs and services available to them. Communications were a significant problem in terms of access, quality and duration. Information provided was thought to be simplistic and out of date. Counselling prior to and upon return was suggested to ameliorate family and personal difficulties. The researchers found the role of the Military Family Resource Centres to have been unexpectedly limited. In particular, programs were infrequent, did not meet the needs of children and were poorly advertised. Finally, personnel and spouses felt social workers and psychologists should be deployed with troops to promote help-seeking behaviour. The present project has some similarities with this Canadian research since it will examine the above program elements in-depth from the consumer's vantage.

## **The Australian Context**

Australian research regarding the 'ADF military family' is scant although, remarkably, overseas researchers have suggested little is known '...about what works or does not work and why' (MacDermid, Olson and Weiss 2002:3) regarding supporting families throughout deployment. Writing some twenty years ago of a conference entitled, *The Service Family, Problems and Prospects*, Hugh Smith (1982) highlighted the uniqueness of the Australian 'service family' and the need to understand the conflicting needs of the services and the needs of the family. Although previous Australian reports have examined the family support needs of Australian Defence Force families in a non-operational context (Hamilton 1986; Jans and Frazer-Jans 1989; Bairnsfather, Hughes and Morfoot 1990; Pratt 1994), this study is the first of its kind in Australia and Internationally to examine by in-depth interviewing, an operational deployment from the perspective of the deployed member and the non-deployed partner across the Army, Navy and Air Force.

Unlike the US Department of Defence which has a 'military family social work' research culture, no such research culture exists in the Australian context. Thus, Australian research regarding deployment has tended to focus on the 'operational performance' of the member deployed at the exclusion of the partner or family as a whole. Since a number of personnel interviewed in this study had served in at least one of the ADF's previous Gulf War, Rwanda, Cambodia or Somalia deployments, some observations are relevant here.

The Australian Gulf War Veterans' Health Study (2003:391) found in part:

*'...veterans have an increased risk of psychological disorders including depression, anxiety, posttraumatic stress disorder and substance abuse disorders in the post Gulf War period and persisting within the previous twelve months. These psychological disorders are strongly associated with reported military service experiences that occurred in the Gulf War, especially the threat of attack.'*

According to the study Australia played mainly a support role with limited direct involvement in combat and there were no Australian deaths and few casualties. The authors hypothesised that fear of enemy attack and threat of chemical or biological warfare may have contributed to the later onset of psychological disorders many years after the event. However, the data was collected at one point in time ten years after the war making it difficult to determine the extent of any pre-existing health concerns. Highlighting the significance of family, the most commonly reported psychological stressor during Gulf War experience was feeling cut off or separated from family. However, family members were not surveyed regarding the impact of the psychological disorders on the family unit.

Research has shown that at least one-fifth of Australian veterans of the Somalia peacekeeping deployment were experiencing significant levels of psychiatric morbidity fifteen months after return to Australia (Ward 1997).

In a qualitative study of Australian peacekeepers Schmidtchen (1997:415) found that one of the positive qualities that peacekeepers themselves felt was necessary for successful performance on the mission was a '...stable home life'. The author raises important questions about how this may be determined in practice and cites as a hypothetical example the decision whether to deploy a member whose wife is pregnant and implications for the family and member if the member does not deploy. Although the ADF has requirements for deployability, research regarding Schmidtchen's above finding is non-existent and the current research will address this gap by exploring personnel and family preparations made before deployment and their subsequent workability and durability during deployment.

According to Johnston (2000), Australian Army Psychology Corps were an integral part of the force deployed to East Timor, the first time in the ADF's history. As part of an ongoing study into mental health of the ADF force deployed to East Timor, preliminary findings to September 2000 indicated low levels of mental health problems, high levels of alcohol overuse and worrying signs regarding future service intentions of returning personnel (Johnston 2000). The current study explores mental health and wellbeing issues for personnel and families alike as well as future service intentions.

Hodson (2002) conducted a longitudinal study of 246 ADF peacekeepers who were deployed to Rwanda. Hodson found personnel experienced a range of multiple potentially traumatic events during deployment to Rwanda including threat of death or injury, seeing dead bodies and witnessing human misery and degradation on a large scale. Although findings revealed most personnel coped with exposure to these events, one in five were still experiencing significant levels of distress six years after the deployment. The author claimed social support was not necessarily beneficial for personnel since problems may be amplified and suggested an assessment of the impact of any trauma was important for both personnel deployed and the family. Key implications for practice included:

- a network with professional input and facilitation at the organisational level, and
- education of spouses or significant others in understanding and responding to trauma.

Hodson's ideas for practice are in tandem with Campbell's (2001) qualitative research that aimed to generate understanding, insights and a framework for a primary prevention model of mental health associated with ADF operations. Campbell examined three data sources:

- published research,
- the existing ADF primary prevention protocol and practices (doctrine), and
- interviews with subject matter experts such as military psychology, human resources management, health, social work, chaplaincy, military command and training.

Gaps identified included a lack of a primary prevention approach to family support or organisational culture and a lack of relevant research to draw upon. According to the author (2001:161), consensus was reached that the ADF should be promoting wellness and resilience as well as '...embrace families more effectively.' Campbell highlighted the challenges of implementing a primary prevention model in the Defence setting due to the unique role of military personnel although a model may have utility with service families with respect to deployment. Indeed, a strengths-based social work case management perspective that enhances resilience (Norman 2000; Hall, Carswell, Walsh, Huber and Jampoler 2002; Brun and Rapp 2001) may dovetail well with Campbell's 'wellness and resilience' proposal although no research has been conducted in this area with military families. The current research will examine in-depth participants' experiences of the social worker-client relationship to gain insight into social work practice that is perceived to be effective. Military leaders will also be interviewed to give their perspective at a command level.

Marshall and Deans (2001:174) highlighted that deployment to East Timor saw a range of psychological screening instruments introduced that '...investigated participants' experience of deployment, the nature and severity of stressors encountered during the mission, and initial stress reactions.' Similar to previous findings, the deployment was found to be relatively non-traumatic for most personnel although identified 'traumatic' duties elevated symptomatology. Results of the Alcohol Use Disorder Identification Test (AUDIT) were found to be high although no assessment was made as to whether this indicated problematic drinking in the military. Alarming, figures suggested personnel are choosing to discharge after a deployment. The impact of these findings on the family was not studied.

As evidenced by the Australian literature, the family has been largely absent from research designs.

Despite the focus of the ADF deployment research and the veterans' health literature per se (for further information see 'Towards Better Mental Health for the Veteran Community 2001'), on Post-Traumatic Stress Disorder (PTSD), there is a deepening awareness in the Australian Defence Organisation of the fact that mental health disorders experienced by veterans may have a negative impact on family functioning as evidenced by the launch of the ADF Mental Health Strategy in 2002.

## Summary

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The literature review has demonstrated that the bulk of the military family deployment literature fails to provide a perspective that seeks to understand deployment from the most important people in the experience—the participant's themselves (Minichiello, Aroni, Timewell and Alexander 1999).

In summary:

- Most of the research in this area has been quantitative rather than qualitative in design. Survey fatigue is a common theme across countries. Little research has utilised in-depth interviewing to gain the perspective of participants in the deployment. A number of researchers in the field have called for qualitative studies to be undertaken to better understand the experiences of personnel and their families (Segal 1990; McClure 1999; Jeffreys 1999, Ford 2001; Twiss 1999; Ender 1997).
- Understanding of formal and informal systems of social care is limited with respect to deployment. What formal/informal systems that personnel and families find effective, the nature of the client-DCO relationship (including the DCO-ship/base/unit relationship) is little understood.
- Research in this area has mostly focused on the spouse remaining at home at the exclusion of the member. Little research has attempted to investigate the parallel experiences of the spouse pair, that is, the non-deployed and deployed spouse before, during and after deployment. Different family types (dual military, sole parents) and child/adolescent needs are not well understood. This represents an important gap in the research.
- Research has been segmented across the services and no studies have been located that attempt to provide a comparison of family support needs across the Navy, Army and Air Force with respect to peace-enforcement, peacekeeping. Given the tri-service support role of the Defence Community Organisation, this gap will be addressed in the research by gathering interview data from a broad cross-section of personnel and their partners
- Limited knowledge exists about the strengths of a deployment. As cited, much is known about stressors but little is known about what military families find helpful and what they gain from the experience. The research will examine the deployment experience from a social work strengths perspective.

The next chapter examines the chosen methodology.

# CHAPTER TWO - METHODOLOGY

A qualitative research methodology was chosen since it was best suited to answering the research questions below which sought description, interpretation and explanation of the experience of deployment from the perspectives of the deployed and non-deployed person (Silverman 2000). As the literature review has demonstrated there is much that is not understood about how personnel and their families manage all stages of a deployment. Support organisations such as DCO require evaluative data to create policy and implement programs and services. Surprisingly, few researchers have asked participants about their views.

The Research Questions are:

Overarching question:

- How do deployed ADF personnel and their partners understand what it means to be supported before, during and after an overseas deployment?

Subsidiary questions:

- What are the support needs of personnel and their families during all stages of a deployment?
- How do personnel and individual family members describe the experience before, during and after deployment?
- What coping strategies did individual family members and personnel find effective before, during and after deployment?
- What formal and informal networks do personnel and family members believe are effective in supporting them before, during and after a deployment?
- What was the nature and significance of communication during deployment?
- What impact did the deployment have on the family? Individuals? Children/adolescents? Extended family?
- In what way(s) have either the deployed member's (and/or their partner's) commitment to the ADF changed due to deployment?
- What are the implications of the above for policy and practice?

## Method

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In-depth interviewing is a respected method in social and health research settings (Minichiello, Aroni, Timewell and Alexander 1999) because interviews enable understanding of the significance of a human experience (deployment) as described by participants and interpreted by the researcher.

An original, semi-structured interview schedule was created on the basis of an extensive review of the literature to identify gaps in knowledge. The schedule is found in Appendix 1. A pilot interview was conducted with DCO Military Support Officers (MSO's) in role play to trial the interview schedule. The interview schedule served as a guide only and was continually revised as participants provided information which had not been previously considered by the researcher in line with best practice in qualitative research. As an example, eight interviews were conducted after the attacks on the World Trade Centre, the Pentagon and commercial civilian aircraft events in America on 11<sup>th</sup> September 2001 which raised new issues for some participants. Participants were asked whether they felt their support needs would be any different, and if so, how, given the above events.

Participants were recruited by placing advertisements in the three service newspapers, SeaTalk, community newsletters at Defence locations around Australia, and Defence Family Matters. More potential participants contacted the researcher than were required for a qualitative study. Potentially, sixty-nine interviews could have been conducted demonstrating a high level of interest in the study. A manageable number of forty-four interviews was conducted. Most interviews were with couples and in total the study interviewed seventy-six participants.

Gaining access to serving personnel in particular presented challenges due to short notice duties, exercises and higher readiness as a result of 'September 11', 2001.

A single, face to face one and a half to two hour interview was conducted with individuals and couples and audio-taped with the signed consent of the participants. A minidisc recorder was used since this enabled recording of an interview in its entirety without interruption.

Interviews were conducted mostly in participants' residences on weekends or after work hours during the week although a small number were conducted in living in accommodation, wardrooms, messes or DCO offices. The researcher travelled to participants who were located in all States and Territories except Tasmania. One interview in Perth was conducted during the mid-point of a 6 month deployment, known as Relief Out of Country Leave (ROCL). An itinerary of visits is shown in Appendix 2.

The interviews were lively exchanges with respondents providing detailed accounts of their individual, couple and family experiences. Respondents showed much emotion as they recalled painful and happy events. Interviews commenced with the researcher explaining his interest and motivation for the study and allowing time for discussion regarding any concerns about participating and confidentiality. Questions were non-leading allowing time for responses to be made.

The decision to interview deployed and non-deployed partners together was deliberate. Interplay and debate between participants was actively encouraged to establish a fuller picture of events and understandings of the couples' lived experience.

One telephone interview was conducted and recorded since one spouse was unavailable to be interviewed with her partner at the time during a visit to Canberra.

In addition to the primary data source of interview transcripts, secondary data was obtained from the National Welfare Coordination Centre (NWCC) which consisted of qualitative and quantitative data. Such data was consistent with the research questions relating to formal support mechanisms. This use of multi-methods (Denscombe 1998:85) ‘...allows findings to be *corroborated* or questioned by comparing the data produced by different methods.’ The NWCC data is reproduced in Appendix 3.

## Sample

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Initially, the sample criteria were:

- members of the Australian Defence Force with at least one dependant child (Army, Navy and Air Force);
- and any partner; and,
- members had to have been deployed to East Timor in either Operation Warden and/or Operation Tanager.

However, the sample was broadened to be reflective of the population that deployed to East Timor and included members without dependant children. This was in response to the nature of theoretical sampling in qualitative research (Minichiello, Aroni, Timewell and Alexander 1999:162) which requires ‘...selecting informants on the basis of relevant issues, categories and themes which emerge in the course of conducting the study.’

When participants responded to the advertisement (Appendix 4), background information including service type, family composition, operation, and interest in the research was collected in order to select as broad a sample as possible. Since more potential participants responded to the advertisement than was required for a qualitative study, this permitted the researcher to select cases.

The personnel sample was reflective across the Navy, Army and Air Force of the diversity of military occupations including legal, medical, a ship’s commanding officer, infantry, pilots, special forces, logistics, transport, armour, air defence, communications, intelligence and a United Nations Military Observer. The non-deployed partner sample reflected a range of employment types.

Participants were aged 18 years and over. No children were interviewed in the project. Since the researcher was a social worker employed by the Defence Community Organisation, if by chance any potential participant was known to the researcher that person would have been excluded from the research for ethical reasons.

Table 1 presents the general characteristics of the sample. The majority of participants were Army personnel and their partners (n=40) followed by Air Force personnel and their partners (n=22) and Navy personnel and their partners (n=14). Several of the dual military couples had deployed to East Timor at different times although these were counted as one deployment for convenience. Three non-deployed partners whose partners declined participation were interviewed making the total number of ‘deployment experiences’ forty-three (N=43).

**Table 1** General Characteristics of the Sample

	<b>Deployed Partner</b>	<b>Non-Deployed Partner</b>	<b>Total Number</b>
<b>Service</b>			
Army	20	20	40
Navy	9	5	14
Air Force	11	11	22
<b>Total</b>	<b>40</b>	<b>36</b>	<b>76</b>
<b>Sex</b>			
Male	36	1	37
Female	4	35	39
<b>Rank Equivalence</b>			
Other	3	NA	
JNCO	14	Not Applicable	
SNCO	12	Not Applicable	
LT-MAJ	10	Not Applicable	
LTCOL and above	1	Not Applicable	
<b>Total</b>	<b>40</b>	<b>NA</b>	
<b>Age</b>			
18 – 24	9	7	16
25 – 31	17	16	33
32 – 38	10	8	18
>39	4	5	9
<b>Total</b>	<b>40</b>	<b>36</b>	<b>76</b>
<b>Years of Service</b>			
0 – 5	10	NA	
6 – 11	18	Not Applicable	
12 – 17	7	Not Applicable	
18 – 23	4	Not Applicable	
>24	1	Not Applicable	
<b>Total</b>	<b>40</b>	<b>NA</b>	



Table 2 presents the variety of family types by number interviewed at the time of deployment.

**Table 2** Family Type by Number Interviewed

Family Type	Number Interviewed
Single	3
Sole Parent <sup>1</sup>	2
Couple (no children)	3
Couple (with children) <sup>2</sup>	30
Dual Military (with children)	4
Dual Military (no children)	1
<b>Total</b>	<b>43</b>

1. One was a reservist with 2 children

2. Five interviews were conducted with one partner only

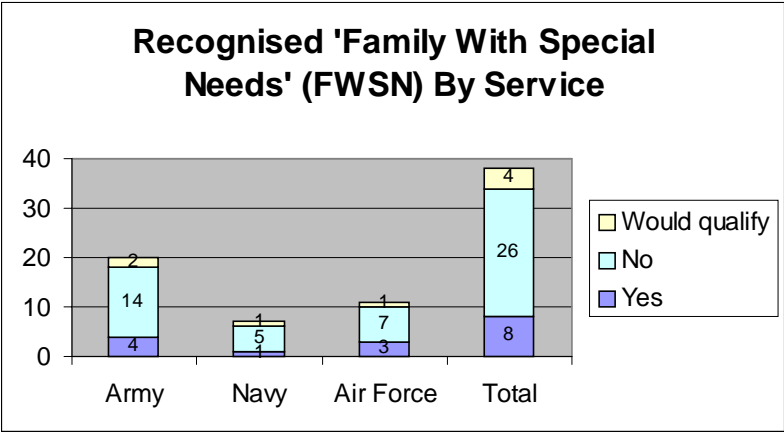
Table 3 reveals that the families consisted of 75 children of varying ages at the time of deployment, the youngest being born the day before one Navy member sailed. A number of families interviewed had newborn children often referred to as 'our Timor baby' which were not counted in this study.

**Table 3** Number of Children in Families by Age

Age of Children (years)	Number
0 – 4	21
5 – 9	28
10 – 14	15
>15	11
<b>Total</b>	<b>75</b>

Figure 1 presents the numbers of recognised Families With Special Needs (FWSN) in the sample (n=38). Single members, reservists and dual military members without dependents were ineligible and are thus not included.

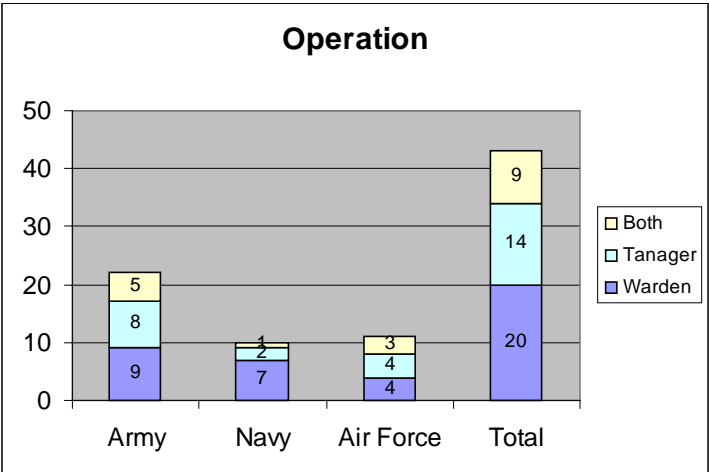
**Figure 1** Recognised Family With Special Needs By Service



Families with special needs in this sample consisted of both adults and children. Special needs included learning difficulties in children, developmental disorders such as autism, language disorders, osteoarthritis, speech disorders, chronic fatigue syndrome, chronic pain, and asthma as well as psychiatric disabilities.

Figure 2 presents the Operation Deployed by Service and indicates over half the sample deployed on Operation Warden, about one third deployed on Operation Tanager and about one quarter were involved in both deployments. Some Navy personnel stated their ship was in the region before INTERFET, a period known as Operation Spitfire.

**Figure 2** Operation Deployed By Service



## Ethical Issues

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Ethical considerations are important in any research and, particularly regarding military personnel as the National Statement on Ethical Conduct in Research Involving Humans (1999:30) suggests there is potential for a power imbalance between military personnel and their employers or supervisors ‘...that their relationship may impair their consent.’ The author of this report has frequently been addressed as ‘sir’ in his social work role in Defence with military personnel suggesting potential for a power imbalance as a researcher was possible. Interestingly, the Australian Defence Human Research Ethics Committee (ADHREC) required personnel to be ‘on duty’ when being interviewed.

Applications were made to both the Monash University Standing Committee on Ethics in Research Involving Humans (SCERH) and the Australian Defence Human Research Ethics Committee (ADHREC). The research protocol was approved by both committees. Since two Ethics Committees were involved two sets of information and consent forms were required.

Providing an explanation to potential participants was an essential part of the process of obtaining consent. The Information Statement was given by the researcher in the form of a letter on Monash University letterhead when they responded to an advertisement. In addition, ADHREC information was also provided as a mailout. The researcher was available by telephone to explain and clarify any issues or questions that potential participants may have had. Participants had at least twenty-four hours after receiving the information statement before they consented to participation by signing the consent form. The twenty four hour period served as a ‘cooling off’ period for participants to withdraw. An example of an Information Statement is found in Appendix 5.

Participants were provided with information about the purpose, methods, demands, risks, inconveniences, and possible outcomes of the research in the Information Statement. In this way participants could choose to participate or not. Participants were required to sign a consent form (Appendix 6) acknowledging their willingness to participate and that they were free to withdraw consent at any time without any detriment to their career or access to future medical and/or social work treatment. ADHREC required separate Information Statements and Consent Forms for spouses and serving members whereas this was not a requirement of Monash University. Consequently, two separate consent forms and information were provided as a requirement of the two Ethics Committees which did not present a problem in practice.

The research was designed to ensure that any risks of discomfort or harm to participants was balanced by the likely benefit to be gained. For example, the findings of the current research could benefit future ADF family and personnel support during deployment. It was possible that participants could have experienced some discomfort in discussing some aspects of their experiences with separation, such as feelings of anger, sadness, loss and abandonment. It was made clear to participants that they did not have to answer all questions or could withdraw from the interview at any time. Such risks were outlined in the Information Statement. The researcher prepared for a suitably qualified social worker from either the Defence Community Organisation or other appropriate organisation to be available in the event of a member or non-member becoming distressed and making such a request. Although a number of participants became distressed, participants preferred to talk through their distress or ask for the recorder to be paused. Interviews finished on a positive note.

Information about the research was made available to participants upon request. For example, a copy of the interview transcript of the study was made available to participants who requested. In this way interviewees were able to edit their own interview transcripts. This is in line with 'best practice' in qualitative research (Lee, Mitchell and Sablinski 1999).

Only the researcher had access to the original interview data. Data will be retained at Monash University under lock and key for five years. Original data or electronically stored copies of the original data may be destroyed after five years. Participants' names and addresses were not identified in any way with anything that they said to the researcher. A pseudonym, chosen by the participants or researcher, was used in writing up the findings of the study to maintain confidentiality.

In the above, the ethical considerations were guided by respect for persons. The researcher believed a balance had been achieved in participation in the research. The researcher believed selection, recruitment, exclusion and inclusion of participants was fair. Participants were not excluded on the grounds of age, sex, disability, religious or spiritual beliefs.

## Data Analysis

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Preliminary data analysis commenced after every interview was conducted by examining fieldnotes, replaying of tapes and completing an analysis proforma (Appendix 7).

Interview data was transcribed, edited and prepared for importing into NVivo, a software program that enables computer-assisted analysis of qualitative data. NVivo is a tool that assists in electronic storage, filing and retrieval of large amounts of text which in this case generated over sixteen hundred (1600) pages of interview data (size 12 font, single line spacing).

The transcripts were read and coded (categorised) for information pertinent to the research questions using Bogdan and Biklen's (1992) list of categories which may be used for creating codes:

- Setting/content codes- general information on the setting and topic,
- Definitions of the situation codes-how informants define the setting or particular topic,
- Perspectives held by subjects' codes-how informants think about their situation,
- Process codes-refers to activity over time and perceived change occurring in a sequence, stages,
- Event codes-specific activities,
- Strategic codes-ways people accomplish things,
- Relationships and social structure codes-regular pattern of behaviour and relationships.

For example, process codes included pre-deployment, deployment, homecoming and post-deployment were created as highest-order codes each having lower-order codes. Under pre-deployment were codes such as reactions, amount of notice, and preparations. Each interview was coded into meaning units either by single words, sentences or paragraphs. Thus, analysis permitted support for themes across a broad range of categories including service type, family type, operation, special needs, compassionate return, National Welfare Coordination Centre and DCO. Computer-assisted use of NVivo enabled confidence that themes identified were common across interviews. Codes are presented in Appendix 8. A fuller description of the data analysis process is provided in Siebler (forthcoming).

The secondary data obtained from the NWCC collected during the East Timor deployment permitted comparisons to be made between primary and secondary sources.

## Limitations

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There were a number of limitations to this study. Firstly, groups that were under-represented included single personnel under the age of twenty, reservists, and male non-deployed partners. Secondly, since interviews were conducted retrospectively, participants were required to recall events although this was not a difficulty for most participants. Thirdly, interviewing the member and their partner together may have limited openness about their relative experiences such as domestic violence post deployment. Respondents could have been interviewed separately and then a joint interview conducted but this would have entailed an additional ninety interviews which was beyond the scope of this study. Fourthly, the gender of the male interviewer may have impacted on the openness of female interviewees to disclose sensitive information. Finally, children and teenagers were not interviewed due to the special ethical requirements limiting the accuracy of information obtained about children.

The following three chapters present the findings of the study. Excerpts from interview transcripts are provided to convey how the deployed and non-deployed person described their experiences. Pseudonyms are used in lieu of actual names to maintain confidentiality.

# CHAPTER THREE - PRE-DEPLOYMENT THEMES

This chapter presents the dominant themes of the participants' experiences of pre-deployment. As the literature review has highlighted, findings have been varied as to the impact of the pre-deployment period upon families. In particular, this period has been shown to be particularly worrisome for children. Similarities and differences with respect to INTERFET (Op Warden) and UNTAET (Op Tanager) experiences are highlighted where relevant. In general, references to locations, actual people and units/squadrons/ships have been omitted to preserve anonymity. The final section of the chapter provides a discussion and recommendations.

## How Participants Reacted to Notice of Deployment

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Participants were asked of their initial reactions to hearing the news that their partner was to be deployed to East Timor. A universal theme was overwhelming support for the operation from the participant's perspective despite the fact the majority of the non-deployed spouses expressed fear that their loved ones may not return due to death or injury. This concern was expressed primarily for members deployed in support of INTERFET although there was a high level of concern regarding UNTAET also.

Mary's response was typical:

*I was petrified. It was horrifying. I was happy for Mark because he really wanted to go but I wasn't happy that he was going to this environment that was hostile (Mary, Army spouse, 3 children, Op Warden).*

Some spouses expressed shock and anger upon hearing the news their spouse was to be deployed although this reaction was tempered by eventual acceptance as the following quotes illustrate:

*Mmm, my reaction was unprintable. My initial reaction was exactly like...I was absolutely speechless. All I wanted to do was tear my hair out, scream, yell and punch someone, which I didn't do, luckily... You bite the bullet, you say "keep your head down Hon... and I'll see you when you get home". (Liane, Air Force spouse, recently relocated).*

*Well he just had to do it I mean there's nothing you could do about it. Just hope for the best that's all. (Nancy, Navy spouse, 3 teenage children).*

Mostly, participants described this period as characterised by a feeling of tension in their households and at work. Interestingly, stress was not a word that many participants used to describe the experience. Some participants described this period as 'surreal'.

Parents with dependant children were asked about their children's reactions. According to some parents, initial reactions were occasionally a sense of déjà vu for some families that had had long involvement as defence families:

*They were fine actually See my kids have- because I've had my kids the whole time that we've been in the Army they're used to the life style. They don't know any different so they are used to their father coming and going out of the house all the time. And they are used to having me there with them and so they were fine about it. They just said "Oh well he's got to go off and do something" (Jillian, Army spouse, 3 children).*

However, many children were reported to be worried and upset about their mother's or father's involvement particularly in the age range seven to twelve years. Similar to their parents, children were reported to express anxiety that the deployed parent may be injured or killed and never seen again. Mark explains how his children reacted to deployment as part of Op Warden:

*I know Travis was old enough to understand a little bit of what was going on. He was about eight then, seven or eight and he sort of understood because he'd been watching TV what it was all about and he actually got very upset a couple of times because he knew I was going into an environment that you know... The girls were a bit too young to get a big picture and understand what was going on. They were... once I tried to put it into their comprehension how long I'd be away, they were upset but they didn't understand the threat. Whereas my older boy understood the danger. So he was quite upset (Mark, Army NCO, Operation Warden).*

A number of navy personnel and their families found themselves in a different situation to their Army and Air Force counterparts since personnel were already serving at sea prior to Operation Warden (INTERFET) which became known as Op Spitfire. For many navy personnel, a posting to sea often coincides with a relocation. Such was the case for Janet, who had only recently relocated her family when deployment to East Timor occurred. Janet, unlike most respondents in this study felt her two young children were more likely to be excited than worried:

*...we had just come from Victoria so my son had started school in Victoria so they had just been relocated in about July... so they'd only been here for six to eight weeks I guess before I left...I think they were probably more excited than anything, a bit of excitement. "Mum's going somewhere".*

In essence, such navy personnel indicated they had no pre-deployment as Deanne and Trevor's exchange explains:

*We left. Well I was on deployment to south east Asia and then we got called back and we were sitting in Darwin for about two weeks, maybe three, ready to go...we weren't allowed to ring anyone but I got hold of a mobile and rang up Deanne, "gotta go, see you later" I can't even remember what I said. (Trevor, Petty Officer)*

*I remember it very clearly. You rang up and you said "the phone lines have been cut, we're going, kiss my boys for me and tell them that I love them, love you, bye". That's what he said (Deanne).*

Intergenerational transmission of family norms, rules and values are significant in shaping the family lifecycle and Defence families are no exception. Participants were therefore asked about the reactions of their own parents and significant others.

Many participants in this study had grown up in a military family. A number of parents of serving members had their own concerns to grapple with when memories of Australia's previous wars, their own or other family member's military service were rekindled. A number of participants were dismayed and upset with their parent's interference. Some families found themselves caught in the crossfire between their own parents' supportive views and their in-laws pleas for them not to deploy. Phoebe, whose spouse deployed as part of Operation Warden interprets the experience of her mother-in-law who wanted her son to leave the Army rather than deploy:

*I think a lot of that came from Vietnam. That's what she was really concerned about, Vietnam. It was going to happen again and her son was in the Army so why should, why can't he get out and if he's made to go well OK but why should he volunteer to go sort of thing. She couldn't comprehend that he was quite happy to go and she was very "what's going to happen" sort of thing and I think a lot of that stems from Vietnam because the things that she'd say were very, that sort of closed, like she didn't know what was going to happen or what was going on.*

Although fearful for their sons or daughters, extended family members were reported to be 'reluctant supporters' of the imminent deployment and echoed the familiar refrain to their sons or daughters, 'keep your head down'.

Soon to be deployed participants were unanimous in expressing positives regarding their selection in the mission. Deploying serving members expressed excitement at the news of deployment since they believed it gave them the opportunity to put their training into practice. Jack, an Army Officer, crystallised the reactions of many personnel:

*I must admit I was absolutely thrilled I mean it's what you work for, what you're excited about, previous to that time I'd felt very lucky to go to Somalia to practice what you preach and get out there and do a real job and help people and in command. It was wonderful and I was excited to do it again in equally exciting circumstances. I was very excited.*

Personnel with little service such as Matt, an Air Force member, with less than one years experience, expressed disbelief when chosen for Operation Warden:

*I thought "well there's no way in the world they'll send me because they'll need people with experience, military experience". They're not going to send in a Boy Scout when you've got the guys already trained up to go....*

Similar to most personnel, Matt demonstrates how he attempted to reconcile deploying and maintain his role in his family:

*...it's my responsibility to make sure that I'm there for them whenever they need me and here I was saying yes, I'll go overseas for five months... and then I thought afterwards "did I really have the right to say yes I'll go away for five months and leave her and the children on their own when anything could happen?" And that's something I suppose that we never actually resolved. I don't think I resolved myself, the only thing I could say in the end was "it was my job, I signed to say I'd do it".*

Naval personnel interviewed were often already at sea when they received news of their involvement. For these personnel there was a profound reaction that 'this was for real' and a range of strong emotions was evoked. Mitchell, a naval officer recounts:

*...I was right in the know with what was going on. But it was a mix of excitement, anxiety, concern. All at once really. Excitement in that we were finally doing what we were paid to do. Anxiety in that... in what was likely to happen and how my wife would feel about it because she worries more than I do. And concern because you know, no-one wants to die and at the time, the way Indonesians were likely to treat East Timor was a little bit unpredictable at the time...*



A number of navy personnel interviewed deployed on land in East Timor. Jack was posted to a land base when he was given notice to deploy which was unexpected:

*But certainly that two week period was a tense time for us because we'd just bought this house, we were looking forward to Christmas together in the house. We had two youngsters and essentially when I came ashore I said to the oldest one foolishly, having been away for a Christmas in Bougainville when he was a youngster, that dad wouldn't be going away any more. Well I've learnt since that you never say never.*

Jack's spouse, Melissa explained her reactions to Jack's deployment on land which was a first in her experience:

*I'm being very honest, in no way felt resentful or anything like that and we have been separated so many times before. I guess the trepidation started to creep up about a danger factor because he wasn't going to be on a ship, this was going to be ashore so that was something I don't think that hit me initially because that was something I had never really had to deal with before, because his deployments previously, even the Bougainville and Somalia ones, he was still living on or based out of a ship even though he was going ashore. It was different to him living there as a soldier in that way.*

Young officers felt their career would benefit:

*And I thought it was very exciting. Right time, right place, that I was already the transport troop commander at that time, when they told me that I was going. Therefore, I got to take my troop over. So, I was very excited because as an officer ... as a lieutenant, you are lucky to get a troop commander's job in a land command, transport squadron...*

In summary, participants highlighted a range of thoughts and feelings to news of deployment. Non-deploying partners and other family members expressed grave concern for their loved ones. Many children were reported to be distressed and upset. Deploying members had very positive thoughts about their role at this stage. Despite the fear and concern of loved ones, participants retained strong support for both missions.

How families and personnel reacted to notice of deployment gives insights into events in their lives that may impact on how they will manage the separation.

## Amount of Notice

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The INTERFET force was established rapidly and families had little time to prepare themselves for the separation. For INTERFET, the amount of notice families in this study had to deploy varied from a matter of hours to several weeks.

Although defence families live with the reality their partners may be required to deploy at short notice, in general the longer the period from notice to deploy to actual deployment created considerable uncertainty for families since not only did the date of deployment change frequently, whether or not a member would deploy was subject to change at short notice. Jillian, a seasoned Army spouse of over twenty years marriage to an Army NCO, tearfully recalls this time as one of not knowing:

*...there was a big segment of the news that it was on so he was watching it all the time and he just said "Look, it looks like we might go" but he's been in the Army for a long time and he's used to this being on stand-by thing and then they don't go and what have you but he said "looks like we might go this time" ...so can I just stop for a minute and get tissues... sorry I've got to tell you I get a bit... yes so anyway and then he came home from work and said "we are going" and I think they were gone two days afterwards...*

For those families already separated for service reasons, hurried telephone calls had to be made to get messages relayed to loved ones:

*Matt was trying frantically to contact me, got to Adelaide and my mother said "you've got to go straight back to Melbourne, Matt's leaving in forty eight hours". So I then had to tell the children that when you get home dad's not going to be there which they found very, very difficult (Eve, Air Force spouse).*

Ross, an Army NCO in a unit that frequently deploys highlights the background and impact upon his family of changing dates combined with a high operational tempo. :

*Fluid it was yeah... it is the nature of the job we were off doing - we were at the Olympics so everyone's eye was on that ball. I mean... the focus started to change and they had not made up their minds who was definitely going... I think they could have done that a lot earlier than they did... They just see me walk out the door because it's like the mobile phone goes off or the pager goes off it's... I've gotta go. Wherever I am and the family's just like... bang shell shocked. I'll ring you when I can and that's it. Dad goes and the kids don't know where... don't know why... don't know for how long.*

Some personnel interviewed were part of Operation Warden and remained in East Timor when Operation Tanager (UNTAET) commenced. In general, however, personnel deployed in support of Operation Tanager had a greater amount of notice as Simone observes:

*We found out at the end of January the start of February so we only got two months but I mean that's two months more than people who went on INTERFET.*

In practice, the short lead time was seen as a positive by personnel since any doubt regarding the date of deployment was removed. Geoff, an Army officer was deployed as a United Nations Military Observer. Geoff explains his preference for a short lead time:

*It's a whole lot easier if my deployment is only about 24 hours notice. It makes it a whole lot easier because all I've got time to do then is pack my bags, kiss my wife and go and that's a lot easier because there's no warning, there's no psychological preparation, you hope that you are all ready to do what you have to do... No warning, gone.*

The families of Navy personnel who were already on ships when given notice of deployment as part of INTERFET were often subject to communications blackouts as Paul, a Navy SNCO explains:

*From the time we deployed on the 18th of September up until probably the first week in October, maybe the second week there was a total... no mobile phones, no using any sort of means to get back to Australia to let people know what was going on.*

Some ships were able to communicate with families as Janet explains:

*I think actually something was sent through PSO or DCO, I think we were told by the Captain, he'd sort of have them clear lower decks and we'd come down and he'd tell us what was going on and I think he said that word would be sent out to families. And as far as I know that actually went through without too many hiccups. As far as I know.*

Thus, for naval families there was often no notice given of deployment by the deployed partner due to communication blackouts which created some uncertainty and concern. Ironically, family members of navy spouses in Australia often had a greater access to information about events in East Timor than their partners in the Area of Operations through the media.

This section has presented themes regarding the amount of notice personnel and their families were given. Families generally understood that the deployment date was subject to change but this did not make it any easier to accept.

## Preparations

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How a family responded to the initial notice to deploy provides a context for understanding the preparations families considered important for the imminent deployment. Service personnel are required to be deployable at short notice which includes at a minimum practical arrangements for families such as finances, wills and next of kin contact details. Although not the subject of this report, a number of personnel indicated they had difficulty in gaining such basic requirements as weapons training and equipment for the deployment. Four respondents indicated their spouses had to drive them considerable distances to bases other than where they were posted to gain such requisites which created undue hardship.

Uppermost in the preparations of spouses and personnel deployed in support of Operation Warden was the possibility of death or injury which had implications for the types of preparations they felt needed to be made.

*Well we usually talk about what happens if you don't come back and stuff but we've always talked about stuff like...I think most of our friends don't even bother with a will whereas in our line of work it's one of the first things that gets said. And you've got to organise who gets what because we face reality all the time like, 'you're not coming home' (Doug, Army NCO).*

As well as the mundane issue of checking wills for currency, some personnel felt it important to cater especially for their children in the event of death. John's case was typical of some personnel deployed as part of Operation Warden who made special arrangements for their children such as a personalised message to be read by children when they were old enough should the deployed parent be killed:

*(My) last night in the country I sat down and wrote them an eight page letter each you know, if I don't come back...sort of thing (John, Army officer, married, 2 children).*

Related to the making or updating of wills, the process of creating a Power of Attorney created problems in nearly all situations. Neville, an Air Force officer explains some of the issues for his wife that was a common theme:

*There is quite a difficulty in that Anna was originally a Queenslander and she was coming to Melbourne or Victoria and you need a power of attorney that's operative in both states which means two separate ones. There is no Commonwealth document which you can rely upon unlike a will which can just follow you. So there are some difficulties there. I would say generally speaking most people who are deployed don't realise those problems until a legal officer brings it up with them.*

Cara, an Air Force spouse highlights the spin-offs for her family of trying to organise a Power of Attorney when her partner was about to deploy:

*Our main problem with the deployment was as soon as Ron got to Townsville, I was well not informed but it was suggested that perhaps I should have Power of Attorney, not that we own any property or anything but in case there is a problem. So Ron is in Townsville doing his pre-deployment and I'm here-goes into the Legal-O that's in Townsville who says, 'That's fine but if I sign it here it's not current in N.T so what then had to be done was Ron then had to speak to the people here to make them aware that I could go in to pay the bills and I could go in and collect any pay slips and I could go in and query about money or Remote Locality Leave Travel or any of those and they would just tell me the information because you know they're not allowed to. So once that was sorted out, there were no major problems but it was just sort of, he's got a week and a half to do all this...*

As part of preparations, families with pre-school children who were aware of the entitlement were more likely to organise a removal to extended family for the duration of the deployment than those with school-age children. Families that gained a removal for the purpose of family support whilst their partner was deployed to East Timor saw this as a strong support although they were removed from defence's support network:

*It made it better for me to deploy knowing that she could go to her mother. I mean it was such an immense relief. If she had to be home by herself with the three kids, it would have just preoccupied me and it was so good to know that she was going to get family support because the Army, amazingly, had this policy they were going to do which was fantastic. That didn't exist when I went to Somalia so it was a bit of a surprise but it was a happy surprise (Mark, Army NCO).*

Further:

MARY

*Oh I think that decision was paramount in me knowing that I was going to survive or be happy. Just to be with my mum and my dad with the three children, was yeah, I knew that I would be fine.*

MARK

*Yeah, a psychological war winner for both of us that.*

As well as practical arrangements, families had to manage the thoughts and emotions of getting ready for separating. Some families felt this ‘just happened’ whereas others described a complex and chaotic array of emotions. The families that found this stage especially difficult were families where personnel had had multiple and back to back separations or who tended to be younger couples with limited experience of previous separations. Madeline whose partner was part of one of the Army’s highest operational tempo units, illustrates how she prepares for ‘yet another separation’ and the practical and emotional stages that are part of her experience:

*....give me a date, rough date as long as it's kind of in a period, and I'm talking maybe in a week or fortnight of that date. I set myself up and you go through a process of separating, of grieving, of dealing with finances, of thinking through of all the things you've got to do or say or whatever prior to them going and you've got to also prepare the children, so having a fairly fixed date obviously is really beneficial and when they continually change it... that's when it's really... traumatic is probably too strong a word, but we've been through a lot prior to this deployment and it was almost like the straw that broke the camel's back. It's just like, you have no - I felt as if they have no respect for what we go through on a regular basis and to continually treat people in this way and not give them any way of properly preparing was unfair. I feel it's totally unfair.*

Interestingly, Madeline’s family was always prepared in a practical sense since separation was the norm and this was the case for other personnel that deployed frequently. However, for some families preparing emotionally was too much to bear which raised questions about how such families could be best assisted and any ‘unfinished business’ when personnel deployed.

Single personnel were not immune from preparations and had unique issues with which to grapple before they deployed such as organising tenants for their private residences. Single personnel were more likely to nominate their parents as Next of Kin (NOK) than couples. All of the three single participants in the study reported their parents exhibited self-reliance in their preparations. Natasha’s mother bought a new computer with all ‘bells and whistles’ with the main purpose to enable email communication with her daughter’s ship. Similar to other single personnel, Natasha explained her mother fulfilled the role of ‘post office and pers (personnel). admin’:

*My mother is an additional card holder to my main bank account and credit cards so when I'm away she actually handles all my finances for me and she's also my post office. Most of my mail, when I'm at sea, all my mail goes straight to her. She sorts through, gets the bills out, pays those, anything that needs to be forwarded through to me she'll send on and the rest she'll hold until I get back and then I'll get all my stuff then (Natasha, navy officer).*

Although only two sole parents were interviewed their situations would not be unlike many sole parents in the ADF in terms of care requirements for their children. Both sole parents in this study were male and had sole residency (formerly known as custody) of their children. Both parents felt their previous partners were incapable of caring fulltime for their children and were concerned that when they deployed their ex partners may seek to undermine their relationship with their children. Consequently, these parents felt limited by the care they could muster for their children and in terms of how long they believed they could reasonably deploy. Chris, a navy reservist, organised his elderly mother to care for his children and deployed for 3 weeks although he would have liked to deploy for a longer period. Harry called upon his parents to care for his child. Harry felt the 3 months separation of Operation Warden was all his parents could manage:

*...if I had to put Lew with someone I didn't know or something like that, I'd be petrified. I'm just lucky I've got my parents up here (Harry, sole parent, Army NCO).*

Dual military families with children essentially made similar preparations to other families although their concerns centred on the possibility of both of them being deployed at the same time and concomitant arrangements for their children. In practice, this did not eventuate although one dual military couple with a young child indicated they were both to deploy when the decision was reversed:

*...of course both of us going over with a fourteen months old baby is ridiculous. And that's what everyone said. "How can they do that? No, they can't do that?" But someone was pushing for Tania to go. And it changed. I lost count how many times she was going and she wasn't going...*

All participants felt financial preparations were not an issue since arrangements were in place. All expressed positive support for the deployment allowance established for the East Timor deployment.

In summary, the time before deployment was frenetic for personnel and family members alike particularly in the case of INTERFET although most participants managed the practical arrangements well. Personnel had unit preparations to manage in the context of the impending separation from family for a period that was unknown in the case of Op Warden. On the other hand, families had their own issues to grapple with such as making practical arrangements for their children. Emotional preparations were less successfully managed. There was a sense that deployment would temporarily decrease the tension according to many participants. Surprisingly, most participants had little information about preparing at a family and unit level. Participants were strongly in favour of better checklists and guides to completing practical tasks and this will be elaborated on in the final section of this chapter.

Receiving accurate and up to date information before separation is an important aspect of service life as the literature review has highlighted. The next section will present some of these major themes regarding participants' perceptions of the type and quality of information received.

## Information Provision

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Communicating with families is an essential undertaking of Defence. Respondents gave mixed responses to questions regarding timeliness, relevance and quality of information provided. In general, information was provided to families about INTERFET AND UNTAET in several ways – Unit Information Sessions, by DCO, information packs from the National Welfare Coordination Centre (NWCC), Defence newsletters, and informal channels. The findings for the NWCC and DCO will be presented in subsequent sections.

Information Sessions were organised for personnel and family members by military units where large numbers of personnel deployed such as a Battalion. DCO staff attended where invited by units.

Participants who attended information sessions with their partners felt the strengths of such presentations were that the presenters from 'welfare', psychology, housing, unit and legal were able to alleviate concerns 'on the spot'. Common concerns raised according to participants were the expected level of hostility members were likely to face, finances, length of the deployment and communication.

In general, Air Force and Navy families in this study were less likely to receive family presentations regarding Operation Warden than their Army counterparts. Navy personnel were already at sea although some ships did provide information but mostly prior to reunion and Air Force personnel were often deployed in small numbers from a base as Owen, an Air Force NCO and the only person deployed from his base explains:

*The RAAF work totally different. You might work in. This is a totally different way to the army. The army deploys a company or a battalion whereas, I can only speak for the RAAF... we have a peacetime posting for normal day to day work but I'm part of [names squadron],... I'm the only person from this base, I get dragged out of here, I fly down to Richmond where they'd have briefs and then there are people from all over Australia... get dragged to Richmond. You know there might be one person from a base or two, not necessarily in the same section, so one might work one, the northern end of the base and the other works at the southern end. There's no cross interaction between each other. Plucked out, sent to Richmond, get together, 'oh yes, who's here? Role call. This is your role, we're going' and we go.*

When Owen went to Townsville for pre-deployment training he received Information Sessions but observes:

*We received briefings up there from Padres and Chaplains and I suppose it had been organised by DCO and they were very apologetic saying, 'look, this should have all been done back at your home unit so that your families could have been involved'. And I thought that was very correct that that should have happened. Because there are a lot of issues that go on... the separation anxiety, the build up before you leave and so on, it would have been far better...*

As for individual Air Force personnel deployed to East Timor, Army personnel deployed singly from Units were also likely to miss out on Information Sessions with their partners. Travis, an Army NCO was deployed as one of two personnel from a Unit and he explains his understandings of why his Unit did not organise an Information Session:

*We had two people from our Unit so they're not going to organise a briefing... We're a strategic Unit. We don't deploy. It's an operational unit, it's operational every day of the year. They don't supply family briefings, because we deal with classified information, there are no family briefings.*

Non-deployed spouses had mixed feelings regarding what they found helpful at the family briefings. Alison felt the information she received was helpful:

*Yes, it was mainly a military person who spoke, an Air Force person. It was held out at the base. The room was packed with people because I remember I sat right at the back... But we got lots of information, we got a sheet of telephone numbers that gave us all the information what to do if anything went wrong and the girls felt quite secure in their minds knowing that this was all organised and there were lots of questions asked that night... a few bizarre things like who's going to mow our lawn and things like that, which I found a bit ridiculous that someone would do that in this day and age. But it was a young wife and they answered that really well, they just said "look, half the population of (names base) is gone and half the population that's left is working twice as hard. We really can't do things like that". Every question was handled really well... (Alison).*

On the other hand, a number of spouses such as Jillian were critical of the lack of openness and sensitivity regarding people's situations:

*They were like - they did not want them to ask questions. And anyway I didn't sort of say anything because I was upset anyway thinking about the next morning and I'll never forget this. One poor woman put her hand up and said I'm gonna be having a baby while he's away and a fellow up the front, he was an officer... I don't know who he was. He just said... congratulations.*

Unfortunately some families were not informed of important information such as entitlement to a partial removal to extended family for support. Brianna, an Air Force spouse residing in a remote locality whose partner deployed as part of Operation Tanager would have used such a removal for support. Brianna outlines how she found out about the policy when shopping in the local supermarket:

*During the deployment yeah, it would have been about the November, so he'd been gone for about five months before hand...I was in Woolworths shopping and I came across a Warrant Officer that works out at the Orderly rooms and he actually asked me how I was going and I said "not too bad" and he was the actual one that mentioned I could have flown home. And I said "oh is that there is it?" and he said "oh yes, all you have to do is go and see DCO".*

Many participants criticised the Information Sessions for being irrelevant and failing to cater for their family situation. Participants indicated that the language used was often problem-saturated on the 'difficulties and stresses' they would face rather than framed in a balanced way. Working families felt excluded:

*They never gave any consideration to anyone that was working. Basically everything was centred on little children and morning teas, during the day to which meetings, women whose spouses were deployed. Coffee meetings you know at ten o'clock in the morning. What was that to me? I couldn't...(Josie, Army spouse)*

*I don't believe they necessarily cater for working parents. And I found it difficult, they would organise morning teas, which I couldn't go to because I was at work. In the evening it was too late to take the children out to these things at 7.30 or 8 o'clock. It was very difficult for me and I ended up, I participated in a couple of their functions but I didn't really find that I got enough out of them for the effort that I had to make to get there so I just stopped doing it...(Bernadette, Air Force spouse)*

For ships that became a part of Operation Warden and were already at sea, most navy respondents reported they did not receive an information mail out from the ship. However, one Commanding Officer of a ship indicated the policy was to send information to families before return.

Participants in a number of localities expressed concern that presentations that involved the three services were 'Army centric'. Navy and Air Force spouses felt excluded from a number of these presentations as information was centred on the Army's role. However, these families conceded that their services were under represented. Liane explains:

*...(the) information day and the only thing they gave us information on was Dili for starters, and Army personnel which really enlightened me no end... I mean I don't have any hard feelings about. it I just wish... they had considered the ADF. Not the Army, Navy, Air Force, I do mean as a composite group and it is a composite. I mean of all three, ADF were deployed in East Timor not just Army, not just Air Force, not just Navy, it was all three but it was never considered that all three were actually over there. And even on the news, it was never Australian Defence Forces, it was always Army troops and that was the way it was depicted.*

In summary, participants felt the information briefings were positive when information was provided about the mission tailored to their needs such as what to do in the case of an emergency, finances and when communication could occur. Importantly, participants felt that the way in which information was presented was important and most would have felt more confident in asking questions in smaller groups rather than the 'auditorium style'. However, participants who did not receive a presentation were disadvantaged since they had to rely on other means for information. Dual military couples and couples without children expressed the view the presentations did not cater for their needs.

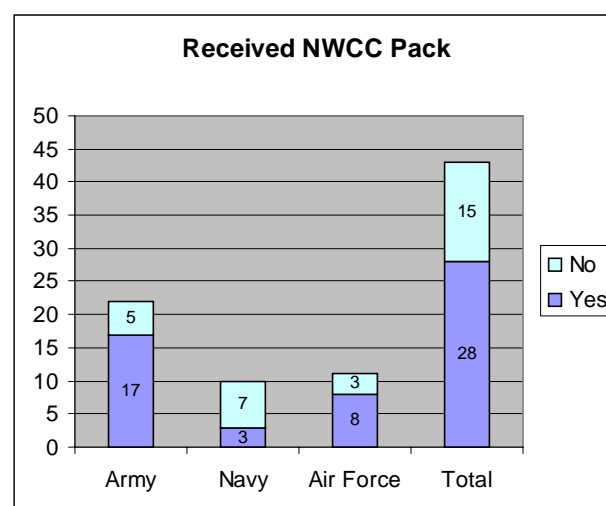


## National Welfare Coordination Centre (NWCC)

The NWCC was established at the commencement of INTERFET. The National Welfare Coordination Centre (NWCC) established a 24/7 1800 number and provided written information specifically for the East Timor deployment. Before deployment, the NWCC's role was to be a central database of information such as next of kin data, provide a point of telephone contact for next of kin and send information packs to primary next of kin and secondary next of kin where nominated by deploying personnel. However, the effectiveness of the NWCC was limited by the fact it was not mandatory for units or ships to provide contact details. As will be shown, this limited the capacity of the NWCC to send information or make contact with families.

Figure 3 shows the numbers of families by service in this study who received a pack of information from the NWCC.

**Figure 3** Number of Families who Received NWCC Pack By Service



The data in Figure 3 are presented to give an indication of participants who received an information pack in this study and are not intended to be statistically significant. However, Figure 3 suggests just over one third of families in this sample did not receive an information pack. Approximately 46% of families that did not receive an information pack were Navy families, about 33% were Army and 20% Air Force. Overall, families in this sample were more likely to miss out on receiving a pack for Operation Warden than Operation Tanager suggesting processes improved with time.

The views of families that received the pack in terms of the quality of information in the pack were mixed. Most families appreciated the maps of East Timor, ideas for assisting children and colouring books if they had Primary School age children:

*Oh yes, yes, yes, that's right, I did receive that pack we did. That's right. And that was quite a nice pack actually. That was good. That was good. I enjoyed receiving it, it had a map of Timor, that was really good, I thought that was great having a map. So yeah, I didn't mind that, that was great to read all about it (Lois, 2 children aged 11 and 7 years).*

*Yes, all the information on... we got maps, we got... a thing on husbands that went to Vietnam, you know, like they were... they sent a whole what you could expect when your husband returns, what you can be feeling when your husband's over there. Some signs to look for when your husband comes home, there was heaps. Mum and I read it one week....Yeah it was good, I was pleased to receive that. The map was great, Travis took it to school and we knew exactly where Mark was and we could map when we spoke to him on the phone where he was and I'd show the kids, that was good (Mary, 3 children).*

*It was full of information...regards to the children, they had some ideas in there about helping them to cope with the separation that I hadn't thought of....Like putting up the photographs, like photographs of everyday activities, we did that. Keeping communication lines open, yeah just basic things like that, sometimes you tend to forget them with everything going on. So I had the phone number of people to contact (Thelma, Army spouse).*

In contrast, other spouses felt the booklet was 'too little too late', conveyed little they didn't already know, or lacked ideas about managing:

*It didn't tell me anything I didn't already know. I'd learnt through experience that I feel these things... exactly... we don't... we don't. I know that I grieve prior to him going. I know that I go through these separation anxieties, I know that I cut my self off from him emotionally, sexually and everything else prior to his departure because it helps me to deal then with him going, I know that the day he goes I sink into almost a semi-comatose state and I remain there for up to a week before I can even pull my socks up and even begin to think about getting out of bed happy and getting on with my life and moving into another phase of separation. I'm aware of all of that far more acutely than any booklet could have...(Madeline)*

*I thought it was a load of hogwash. It focused too much on predeployment which there was none, especially on the timing of everything. The people were already incountry before the booklet was sent out and not enough was actually ... I don't think enough was actually put down to... a lot was to say he will be different and so on and so forth but there was no real coping mechanisms given to us (Liane).*

Madeline's partner, Ross, an Army NCO highlights his views on the booklet:

*But the package itself... I don't know I'm just speaking from the other side of the fence I guess, is that if you were a spouse be it male or female and this was your first separation and your partner was going on active service to what is classed as a war-like zone and this was the longest separation period... like the battalion goes up there for six months... that would have been like... in no way would that have come close to preparing you for what was coming. I don't know. That's just how it seems to me if that arrived in your lap...*

Consequently, a number of families interviewed had no knowledge whatsoever of the NWCC or received any information.

A range of interpretations were offered as to why families failed to be informed of the NWCC via a mail out and interviewees had strong views. Some personnel felt unit administrative staff were at fault. Other personnel said their units didn't know about the NWCC. Rick was the only member deployed from his locality and he did not complete NWCC registration forms. Patrick also deployed as one of a small number from his RAAF base. Interestingly, neither family attended a pre-deployment presentation:

*Well, the fact that the system fell down. I'd say it was an orderly's fault. Because the Military is under no obligation to inform DCO that someone has gone overseas, you know I was taken on from Adelaide, there were two people from Melbourne and two from Sydney. And of course four made up from 5 different units flown in... Whose job was it to tell DCO that these families were now, that their men were deployed overseas. Now if I went in a unit, the local DCO would know about it because you know heaps of people going overseas, but one person, only one person there. While my unit wasn't deploying so it wasn't their job to tell anyone. It was just a military point to actually tell the welfare organisations that they were going overseas. It was a rush job (Rick, Army SNCO, Op Warden).*

*This is funny. You know about the paperwork we fill out before we go, identifying families to support the system, next of kin and all that kind of stuff and there's also paperwork for "this is my family structure" or what have you which goes to the National Welfare Coordinating Centre. When we got all our paperwork back after the deployment, all the paperwork we'd filled out that was to be sent to NWCC was still in all the old documents... So every person that deployed, 180 people, had the exact same problem, their spouse was never identified initially.... Because somebody just didn't send it off (Patrick, Air Force SNCO, Op Warden).*

Navy personnel were often already in East Timor when requested to complete their NOK data:

*We were up there. It was like, 'Here you are. We're going to fill out these forms so that everybody knew where we were.' (Paul, Navy SNCO).*

Packages generally arrived some time into deployment for Operation Warden although families were unanimous that the information was needed prior to their partner deploying. Eve's situation was common:

*We got a very quick brief from the base and DCO just before Mark actually left and I was told that I would get a predeployment pack... I rang the base and said "I haven't got it, I haven't got it". Eight weeks went by and I hadn't got it... In the end I rang up the National Welfare Coordination Centre and said "why haven't I got my pack?" And they said would you like to phone this number and they said "oh he works at... he's there". "No he's not there, he left on this day on this Qantas flight to go to Holsworthy and then up to Timor". "No he's definitely not in Timor" and I said "well I'm telling you he's not here and I can tell you the names of the other people who went with him". They eventually tracked it down and I got the predeployment package sixteen weeks after he had left (Eve, Air Force spouse)*

Extended family members who were nominated as NOK were reported to be very positive about the NWCC mail out. Indeed, some extended family members received the pack when spouses did not until the situation was remedied.

The above perceptions reinforce the universal theme that families wanted and expected contact and information, preferably face to face and were dismayed when they thought 'Defence had let them down'.

## DCO

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Numerous questions were posed about DCO's role during pre-deployment including what was helpful and would have been helpful. Interviewees had very strong views about how DCO could improve its service delivery during this stage.

DCO was reliant on the NWCC to furnish the organisation with information regarding contact details for Next Of Kin. As previously cited, the NWCC was dependant upon Units to provide this information. Consequently, a number of participants in this study indicated they did not receive any information or have contact from DCO prior to deployment as well as the NWCC. Where unit presentations were offered in localities, participants were likely to have contact with DCO if invited by Units to participate in briefings.

All participants in this study had awareness of DCO as an organisation although varying degrees of understanding of DCO's role which will be explored in the next chapter.

One of DCO's primary activities at the local area level during pre-deployment was to participate in presentations in collaboration with Units, as previously outlined. However, upon further analysis regarding DCO's actual involvement in presentations, findings were mixed. In particular, single personnel without children and dual military couples felt information presented was of little relevance to them:

*Well see I didn't really pay much attention to DCO because I didn't have a family to worry about...The bulk of...Everything was pitched toward a male, married with children. So very little was pitched toward single, female, owns own home has a dog. So there was pretty well. There wasn't much room if you didn't fit in the male soldier married with children category, there wasn't much room for you (Simone, Single member).*

*It was basic for me. We knew most of it anyway so I mean they talked about the problems that you've got, the family orientated side of it but basically there was nothing there I think for what to do in situations where both people were in the Defence Force side of it and that was a major thing. With both people being in the Defence Force and one being deployed, the other one still having to go field, do bush, do this, do that, work out day care, especially if they've got children. There was no leeway at all and there was nothing written down... (Tania, Army NCO, Dual Military).*

In general, most participants were satisfied with DCO's role at presentations and two couples were impressed with the depth of knowledge of social workers regarding separation issues. However, other participants were critical of DCO's role in presentations and felt DCO gave superficial presentations and little useful information:

*Which is...I'm a counsellor and if you need me here's my card, this is the range of services we provide for you, thanks very much, I am the REDLO. This is my card. This is the range of services I provide, thanks very much (Ross).*

Further, dual military families with young children often had special arrangements to make for the care of their children particularly if the remaining spouse was in a field force Unit. During preparations for his deployment, Tania's spouse, Adrian, an Army NCO paid to relocate his mother to care for their infant son. Adrian requested DCO to make contact with his mother:

*...I personally phoned DCO when we both went on the three week exercise before I went to Timor and asked what would they be able to do with... I explained the situation... with my mum looking after Sam and the fact that she was seventy years old, coming over from Perth and looking after Sam and I said "I'd appreciate it if maybe you went out and saw her on a more regular basis than what you do or at least phone her a few more times" and they said "yep, yep, fine". It never happened though.*

In summary, participants in this study generally did not have any contact from DCO prior to deployment apart from attendance at unit briefings. Participants wanted and expected contact. The exceptions were two couples interviewed by DCO social workers where one member was deploying as part of Operation Tanager having previously deployed as part of Operation Warden, and the other had deployed as part of UNTAET. Since more than a third of the sample consisted of personnel who deployed as part of Operation Tanager it was evident the requirement for pre-deployment interviews was an ad hoc arrangement rather than policy.

## Farewells

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Departures and reunions of military personnel are powerful military rituals. Farewells were important rituals for families because families felt there was a chance their partners may be killed in East Timor. Inherent in many farewells was a theme of stoicism or emotional cut off followed by a release of emotion:

*...when Josh walked away and he didn't turn around or anything to have a second glance, I'm standing there trying to be terribly stoic and I got in the car and fell apart...(Karen, Army spouse, Op Warden).*

*I do get very cold I must admit before he goes anyway but I mean it was just like "God he's going, Christ, just go" because I mean it's pretty bloody highly stressed...(Genevieve, Army spouse).*

Particularly in the case of the initial deployment to East Timor in September 1999, deployment was seen as a profound event in people's lives and families struggled to understand why some Units did not see this transition as important. Mark's Unit said their farewells at the Unit and personnel left on a bus to ultimately wait at the airport for several hours. Mary and Mark's exchange explains how they would have preferred more time together:

**MARY**

*Yeah I think that was bad form, having your three kids and dad's just getting on a bus, I think it would have been... well I know for myself and for other wives that I've spoken to we would have much preferred to have farewelled them at the airport.*

**MARK**

*Yeah, well even for me it seemed a little bit unresolved. It didn't seem final, there wasn't that trigger, it wasn't sort of off in the sky it was just like you could have been going bush you know...I don't think anyone gave it that much thought, I know the OC had the best interests of the wives at heart and thought it might be a good plan, I don't think he realised how significant the wives wanted to see their husbands depart.*

MARY

*Because I think you know then when they're getting on the plane that that's the absolutely last minute that you'll be with them, whereas how long did you sit in the airport for?...and then you find out that they've sat at the airport for two or three hours which was two or three hours longer that you could have sat with them. Like I'd have much preferred to farewell them at the airport and I don't think it was a huge security thing.*

Some families made plans to spend time with each other before deploying. Such plans were often interrupted due to service exigencies. Phoebe's husband, an Army officer, deployed as part of INTERFET. Looking back on this time Phoebe can now accept that her husband's work requirements took precedence over family matters:

*Yep, we had a farewell, it was the day that the wet started. The day that we went to leave, we stayed in a motel and John said I'll be here, we'll have the day and the night to ourselves because everyone else was being put on pre embarkation leave, we'll have one day, one night together, our last day and I thought "that's all I wanted" was one day, I think he got rung up at six o'clock in the morning and got asked to go in and it was like "how long will you be"? "Only an hour, we've just got to fix this up, only an hour" and I said "alright, OK I'll give you two" and I think he got home about three...It was late in the afternoon and by this stage I'm like... you know, I was angry at the unit, very angry at the unit because everyone else was getting three days and I wanted one. And looking back I can understand why they did it but at the time I didn't understand, I didn't want to understand, I wanted one day, one night. That was frustrating.*

Navy families indicated their farewells were often low-key since they deployed frequently. When ships were already at sea in respect of INTERFET no formal farewells occurred:

*No. No farewells, I guess that was a good thing in a way, less to deal with I guess (Janet, JNCO).*

Single personnel often said their farewells to family over the phone. Jacob, a single Navy member had time to speak with his family and fiancé before he deployed:

*I did that in Darwin. Because I was based out of Perth and family's over here, it was like on the phone and "well I'll send you some letters and cards" We pulled into Darwin, I hadn't seen my fiancé for five months at that point. We pulled in, did a week, came back, saw Susan for that weekend and the Sunday afternoon I was there with a mate.. we were at the cinema, got a phone call on my mobile to him...I said "yeah what" and he said "you're on standby as well". I said "righto Sir" and I said "we're off, hooroo" and that was it...She didn't see me for five months.*

Many personnel deployed from their home base to Darwin or other localities before deploying overseas. Families had farewells and then waited anxiously for partners to depart Australia. Chloe was frustrated by the uncertainty of her husband's departure from Australia after what was to her a profound family farewell. As with most spouses interviewed Chloe was resigned to the fact that life had to go on:

*There probably wasn't a lot of reaction because it happened very quickly. Probably shock but and I was actually really OK but I knew it was worse than it was when Jon drove down the road in the taxi and kept looking out the back window of the taxi because he'd never done that before. So I thought there was more to it than really I knew at the time... And just not knowing and understanding I think is the main reason why you're like that....Just, it's just that numb feeling that you get and I never doubted for a second that even to turn around and walk back in the house, life really does go on and dinner had to be made and everything like... I didn't dwell on anything bad at all.*

A number of families had experienced painful separations in the past associated with overseas deployments. Jack and Katrina, who were interviewed separately, recalled their previous experience with the Somalia deployment and how they dealt with emotional farewells now:

*As in within our family? No I don't think so. No sort of Last Supper sort of stuff no....It was amazing really, it was like drop you off and there it is, see you later and it was similar to what we'd done in '93 in Somalia except we had two kids in the back seat sort of thing. Which I must admit I'm not a great fan of ceremony, I think we did enough. So no it was very informal I guess (Jack, Army officer Operation Warden).*

*In terms of formal farewell between the two of us it was extremely quick and painless. Because we had done Somalia before and we realised that the long drawn out, go out to the airport wave goodbye is actually more painful and it's easier if you just almost pretend it's not happening and say goodbye, get in the car and drive away. And that's how we dealt with it (Katrina).*

In summary, each family's ritual was unique. Interviewees' felt strongly that 'Defence needs to understand what we go through' and that this would be supportive in itself.

This chapter has presented findings regarding participants' experiences before deployment occurred. The following section provides a discussion of the implications of the findings for policy and practice and makes recommendations in the light of participants' suggestions for improving support as well as previous research.

## Pre-Deployment – Discussion and Recommendations

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Not surprisingly, pre-deployment was a time of heightened emotions for all participants in this study. In the case of Operation Warden, most families were very fearful of loss of their loved one due to death. Interestingly, participants were able to express their fears about death or injury as well as hope and acceptance of the importance of the mission which was a universal theme. In particular, INTERFET's 'coalition of the willing' occurred relatively quickly which meant family preparedness for the mission was going to be tested.

Despite the short time frame for preparations for INTERFET, personnel and their families demonstrated a remarkable capacity to complete the necessary practical arrangements. Common difficulties were confusion about the significance, need for and process of obtaining a Power of Attorney. Most families had existing plans in place for deployment such as wills, car maintenance, financial arrangements and childcare. However, participants felt strongly that checklists or as one Army officer put it, 'An Idiot's Guide to Deployment', would be helpful and would need to cater for single personnel, families, and unit personnel themselves. Although these arrangements are currently the responsibility of military administrative staff and individual personnel, DCO could play a very effective role in providing specialist advice regarding family support matters or what are more formally known as Family Care Plans.

Family Care Plans are not mandated by ADF policy as they are by overseas forces such as the USA and Canada although the ADF has an Individual Readiness instruction that details the responsibility of personnel to meet requirements to be available for deployment. As an example, the US Army (90<sup>th</sup> Regional Support Command Family Care Plan Resource Guidebook, March 2001) requires the following personnel to complete an annual Family Care Plan to enhance their readiness to deploy as well as their family's readiness:

- Single soldiers with dependants
- Single soldiers, divorced with dependants
- Soldiers with Special Care spouses
- Pregnant soldiers if not married to a non-military spouse
- Soldier is half of dual military couple who has joint or full legal custody of children under age 19 or who had adult family member(s) incapable of self-care
- Optional for other soldiers

In essence, the plan enables personnel to provide details about required support during separation and participant's suggested that it would be best completed by the member and any partner prior to deployment. DCO pre-deployment interviews would be an ideal opportunity to assist personnel if required although these interviews are not mandated. The plan does not absolve personnel of their personal responsibilities but would be an effective tool to assist DCO in better identifying and supporting families. Family Care Plans may need to be incorporated into the NWCC's family registration database. During INTERFET and UNTAET not all DCO offices had the capacity to electronically receive NOK information from the NWCC. However, a policy will be required to legitimise this process since currently DCO has no access to family registration details of deployed personnel for operations classified as SECRET and thus limited capacity to contact families.

Although practical arrangements were well managed, family relationships were often strained and families described considerable tension during this period. Contrary to previous research on the 'emotional stages of deployment' which suggested spouses ask, 'You don't really have to go, do you?', spouses were unequivocal in their support for this mission although extended family members occasionally expressed this view. This placed personnel in the untenable position of deploying against the wishes of their parents compared to their spouses support for the deployment and highlights the importance of considering extended families needs in any formal support provision. Participants suggested their parents welcomed contact and information and were frequent users of the NWCC 1800 number from the outset which is confirmed by the NWCC Survey (Appendix 3).

A small number of children in this study expressed a range of reactions before deployment according to their parents including crying and tantrums. Both boys and girls between the ages of two to eight years were reported to exhibit such behaviour. Adolescents were reported to express positive support for the deploying parent or become withdrawn. Participants' suggestions for supporting children at this stage centred on utilising their own family strengths although there was general support for a family consultation model to be described later in the report.



Personnel wanted to be confident their partners would have a support network whether formal or informal such as removal to extended family. Both deployed and non-deployed partners wanted to know what Conditions of Service applied and felt this information was not accessible. A number of families were unaware they could relocate to extended family for the duration of the deployment or bring a family member to them at Commonwealth expense. This was especially the case for personnel and their partners who received no pre-deployment presentations or written information. Many navy personnel and their families were in this position and had no 'pre-deployment' since they were already on exercise at sea prior to Australia's commitment to East Timor. Thus, the Conditions of Service need to be disseminated as early as practicable as widely as possible such as to home addresses, during presentations, via units, websites, via the NWCC and DCO.

Generally, personnel and their partners indicated they were disappointed in the information that was made available regarding Operation Warden and Operation Tanager. Information was not only seen as lacking in relevance but the formal and large-scale presentation by units and DCO were felt to be a barrier to asking questions and forming self-help groups which a number of spouses wanted. Most frequently requested information at such presentations that received inadequate responses according to families were about how long the spouse would be gone, any risk, who to contact in an emergency, the pros and cons of a Power of Attorney, and obtaining contact details for spouses in similar situations in the case of some Air Force and Army spouses whose partners deployed in small numbers from particular bases. Many families were unaware of any presentations in their locality particularly if small numbers were being deployed.

Participants' solutions to the problem of not knowing which personnel were deploying from a particular base centred around local DCO offices contacting their respective units to find out which personnel were deploying. Whilst this may have been effective on occasion, a more long-term measure is required. Clearly, family details need to go on a database that can manage the information and be disseminated to DCO on a 'need to know' basis. Privacy and security requirements will be an issue but need not be insurmountable.

As the findings have shown, the time before deployment was characterised by fear, dread and tension and families were 'crying out for information'. Thus, this time is a pivotal time for an organisation such as DCO to engage therapeutically with families in the broadest sense of the term. Crisis theory (Golan 1986: 298) has emphasised that individuals are

*'...particularly amenable to help...a small amount of help, appropriately focused, can prove more effective than extensive help at a period of less emotional accessibility.'*

Importantly, the pre-deployment briefing presented an opportune time to engage participants particularly from a service provider's perspective. Participants reported they would have felt more confident in raising issues and asking questions in smaller groups. DCO social workers possess groupwork skills as part of their armoury and it is recommended DCO strengthen this approach through its evolving practice guidelines and work with military units to develop this further.

For personnel and partners in this study farewells had considerable significance irrespective of whether they were low-key family affairs or large-scale, media-reported affairs. For many personnel deployed to Operation Warden in particular, families felt personnel were deploying to such dangerous conditions they may not return. Many families wanted to spend as much time as possible with each other whereas for others the waiting time to deploy was intolerable and departing was described as a 'release'. Families tolerated media frenzies and politicking of such events but generally resented the intrusion on their privacy. A number said they were dismayed to find themselves on the 'seven o'clock news'. Respondents felt it would be helpful to include education about farewells in pre-deployment briefings or information packs to raise awareness of the emotions families may experience.

In summary, families were critical of the information they received about the deployment prior to actual separation whether in written or verbal form. However, for those families that received no information from Defence's support services, a sense of let down was engendered. Defence families expected the support services would 'look after them' at this critical time in their family's life cycle. Single members, dual serving members, members deployed as individuals and extended family members perceived quality support to be lacking prior to their loved ones departure. Despite this, participants felt they would manage 'on their own'.

Recommendations for action are now presented.

It is recommended:

1. Defence Organisation policymakers create a comprehensive policy with respect to pre-deployment checklists and/or Family Care Plans that caters for all personnel and family types.
2. DCO creates flexible presentation packages for use by workers at Unit/Ship/Base pre-deployment briefings. Such packages need to reflect the diversity of family types.
3. DCO social workers initiate and offer face to face, graduated, targeted assistance to families prior to deployment as part of case management.
4. Support provisions by the NWCC and DCO reflect the needs of extended family members in policy.
5. DCO take the lead to develop better mechanisms for identifying and supporting families of personnel deployed singly.

However, getting ready to deploy successfully and managing the separation of a deployment are not the same. As will be shown, unexpected events can occur in people's lives that impact on families as well as operational effectiveness. The following chapter presents the main themes of the deployment period which ranged in this sample from three weeks to eight months.

# CHAPTER FOUR - DEPLOYMENT THEMES

The deployment of INTERFET to East Timor commenced on the 20<sup>th</sup> September 1999. The final handover to UNTAET occurred on 23 February 2000 (Ryan 2000).

Deployment raised a number of key themes for participants. In particular, a universal theme for INTERFET deployed personnel was that this was not an exercise- this was 'for real'. For non-deployed spouses a priority was that first contact with loved ones to ensure they were safe.

## Communication With the Theatre of Operations

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Communication was a key issue for all respondents and respondents were generally adamant the capacity to communicate maintained relationships, promoted wellbeing, and enabled exchange of information. Most spouses were unprepared for 'communication blackouts' which commenced before deployment overseas in the case of Operation Warden during which personnel were unable to tell families where they were in Australia for security reasons:

The mode of communication was generally not of prime concern as long as some form was available. Other concerns were around frequency, quality of the communication and privacy, as well as associated equity issues in terms of a perception that personnel with higher rank had more frequent access to communication than lower ranks.

### Telephone

In the case of Operation Warden, spouses generally had no contact for periods from days to weeks after loved ones deployed since access to communication was minimal. Furthermore, personnel were told not to take mobile phones at the commencement of deployment to East Timor but this soon changed when communications were put in place:

*It's funny, they sent around, before we were deployed they said "don't go taking mobile phones, you won't need them, leave them behind, I'll charge whoever takes a mobile phone" and then within about six, seven weeks of us arriving in country, there was a mobile phone network over the whole country. Which upset a lot of people but miraculously, all these mobile phones surfaced out of peoples' bags. It was quite funny, all of a sudden everybody's walking around with a mobile phone, talking to folks back home, it was great. People were getting phones posted to them (Patrick, Air Force).*

*And that was a while before we actually got the civvies phones in. I could have if I had to. I could have rang. That's from the satellite phone for the welfare but they were fairly all tied up. And I could get back through the system but it wouldn't be that clear. And eventually because our job was to put in civilian communications the first thing that went up was the Telstra mobile phone... So, then after that I had a mobile phone (Rick, Army).*

In the case of Operation Warden, the deployed member was often the determinant in when telephone calls would be made although this situation changed as UNTAET continued and communications were enhanced. Nancy, a Navy spouse whose husband deployed as part of Operation Warden, received only one telephone call from her husband in four months from his ship and Nancy was not home at the time to take the call. The missed call led Nancy to question whether other families knew in advance and undermined her confidence in the leadership:

*Well I didn't know it was coming and when I found out and the kids said dad had rung. I was really angry because some families knew and others didn't and it seemed to me, this might sound terrible, but it seemed to me that the officer's families knew and the rest didn't.*

Telephone contact for some spouses and their children during separation was a new experience even though their partners had been deployed many times before. Jillian outlines what she found helpful about communication and her awareness of limitations on what could be discussed:

*Well, I loved them, I loved the phone calls and the kids loved the phone calls, so I didn't see anything negative about it, and I thought it was great because all these years that he's been in the Army and all the times he's gone away and stuff like that, I found it was really good you know having phone calls once a week and you know that was good. I don't know I didn't talk to him about how he felt and another thing they were supposed to be monitored, so I mean they couldn't tell you anything anyway, not that I was interested. Where exactly they were and things like that.*

For a number of couples, however, telephone contact was a double-edged sword of positive and negative communication. Brianna, an Air Force spouse whose husband deployed as part of UNTAET for six months explained how telephone calls became argumentative when family concerns were raised. Upon reflection, Brianna felt their relationship was stronger for the experience:

*We got in arguments. I tried not to make arguments over the phone when I phoned him at night. But there were arguments and you look back and think "why the hell did we fight over that for God's sake?" It was no reason to and things that we did say to each other on the phone and they were stupid arguments and it was... yeah. I think it makes a strong relationship stronger I think but it could certainly pull a bad one apart so easily. I tried to be as supportive as I could to him and as I said tried to keep as much of the family problems away from him but then I got so frustrated some days that a lot of it came out.*

Telephone contact was often determined by when the deployed partner was free from duties to call. Family routines with young children took precedence on more than one occasion causing upset for couples:

*...and Doug's like, 'I'm really missing you' and I'm like, 'well Leonard, I'm ready to kill him and he's a little shit and he won't do anything' and Doug's going, 'I really' and I'm just like 'Oh God. Just get over it'. You know what I mean.*

Telephone was the preferred mode of communication for most personnel from East Timor although privacy was cited as a major problem due to queues. In general, personnel were appreciative of access to one free telephone call home per week although inconsistencies in this policy were commonly reported. Some personnel had liberal access to telephones which was seen as an abuse of privilege. Many personnel and their spouses expressed anger at the inequitable access to phone (and other) communications:

*...I know for a fact that the officers and the upper echelons in the NCO's environment had far, far more access to telephone, email and such and the like than I did or... our unit probably fared better than some of the sub-units like the platoons that were actually on the check points at the border...*

Personnel deployed in previous operations such as Somalia noticed a positive difference in communications that they had not experienced before. All personnel recounted how they thought of home when they were less busy. Mark, an Army NCO (Operation Warden) explained how a phone call was helpful to his morale when he felt worried about events occurring in his family:

*There was... they were remarkably different in some ways. The advantage of East Timor was that I had access to a phone which made a really big difference because when you're separated... and I don't know if it's the fact that you're on an operation, but the most ridiculous thoughts enter into your head and you start thinking about things that have no right being there and that plays and amplifies... in Somalia we had a slow boat to China, the only way you kept in contact was through mail.*

Most naval personnel and their partners described telephone communication to and from ships as variable quality with communication blackouts being common especially during Operation Warden. Grant, a Naval officer who deployed as part of INTERFET contrasted his deployment on land with that of his spouse, also a Naval officer who deployed as part of UNTAET on a ship. Grant felt the telephone communication was the best he had experienced especially the low cost whereas other personnel reported expensive telephone accounts:

*...And we were allowed one five minute phone call a week up there, which...that was in the initial stages and that was by mobile phone, because Telstra had very good mobile phone coverage and then we got a system in place which was a essentially military system which you can ring back to Australia and vice-versa...for the cost of a local call. When I was home and Jenny was away, I was able to physically ring her ship while she was at sea through an exchange system for the price of a local call, which was really quite revolutionary stuff. In terms of our ability to communicate the Timor experience has probably been the best we ever had.*

In summary, telephone access was seen as a morale booster for personnel and maintaining family relationships. E-mail including messaging systems were rated highly by participants and a number of themes are presented in the following section.

## **E-mail**

Where available to spouses in Australia, e-mail was a popular form of communication. Indeed, a number of personnel and their families communicated entirely by e-mail by choice.

Communication from the theatre of operations in the initial phase of INTERFET was unpredictable. Internet connectivity was not available for some time to personnel on land in East Timor. As with other forms of communication e-mail was seen as vital in maintaining relationships, overcoming loneliness, and sending information to all family members including schools:

*...we were able to keep in touch really well because of e-mails which made a really big difference...(Melissa, Navy spouse).*

*Occasionally during the day if there was a window of opportunity to send an e-mail, knowing that we were in the HQs and we had access to the Internet so we were very, very fortunate in that respect and we could quickly log on and belt off a quick e-mail to say "look, this is what we've been doing the last twenty four hours, hope things are going well so on and so on" (Jack, Army Officer).*

*And they told everyone not just James' class, but they told the school that James' dad had gone to East Timor. And if they wanted to talk to James about it, that was fine. And find out about East Timor and they were encouraged to watch the news and stuff like that. Rick, while he was over there did a presentation. A Power-Point presentation and e-mailed it back to the school, and all the classes watched it. Like this is where I am living and these are the children and they are mostly Catholic. And there was a picture of the children with the nun...(Dee, Army spouse).*

Units and Ships also utilised e-mail to send newsletters to families:

*...we had the BSG [Battalion Support Group] newsletter which I was actually the typist, the editor of and each platoon would have to submit an article and I'd type it all up and that would get e-mailed back to Australia and that would then get sent out to all the families (Simone).*

Children and teenagers alike were reported to enjoy the use of e-mail in particular:

*It's easy for the kids these days to just get on the e-mail, they don't have to go and buy a stamp and lick their envelope. We stayed in contact with e-mail mainly...(Ashley).*

A number of personnel indicated e-mail was helpful in allaying their family's worries. Mitchell, a naval officer on a ship explained the effectiveness of e-mail for dispelling rumours running in the media that may have caused families concerns and unnecessary worry:

*Well you know. You'd hear from the media that one thing was happening and then you'd hear from the grapevine, through the wives chain that something else was happening and then you'd hear from the friend of a wife whose brother was serving in HMAS (names ship) that something else was happening. And so they end up having to ring up DCO or the Family Liaison Officer and find out what the true story is and that can be quite stressing and it didn't happen quite so much with our Ships Company because our Ships Company had e-mail connectivity. Back in the days of the Gulf War, they didn't and it was a different kettle of fish. E-mail has totally changed the way we can keep in touch with families (Mitchell).*

Navy personnel reported significant use of email due to its availability on most ships. However, it was not only useful for relationship-building:

*I suppose for me the fact that me and a boyfriend were going through a rough period right up until I dumped him on email...(Natasha, Navy officer).*

Messaging systems were reported to be very supportive for some participants who had access. In this way a real-time conversation could be held which were more private than telephone calls. Participants often made hard copies as living documents:

*On the weekends I'd try to stay as much online as possible because Neville would go on the web sometimes and they've got a messaging system and so some nights I'd be able to actually catch him so we could actually talk on line...*

In general, e-mail use when available enabled contact with loved ones to be maintained and both deployed and non-deployed family members described it as a 'boon to their wellbeing'. Although security issues came into play for electronic communications at various times rendering it inoperative for hours or days this did not unduly concern families.

Like their predecessors of previous military engagements families were able to send letters and care packages as the next section will demonstrate.

## Mail/Care Packages

The ability to send Care Packages by freepost was universally applauded by all participants. Although a simple concept, the ability to send parcels up to twenty kilograms to loved ones met a range of needs including a sense of staying in touch and involving children in the selection of items for their parents:

*...the kids would go shopping and they would each pick something to send to Dad so they'd go and buy their six tins of sardines and oysters and then the other one would go, 'but he likes these chips'... then we'd box it all up and I'd take it to the Post Box so yeah. So that made them feel good, getting something for Dad. (Sally, Army spouse).*

John describes how school children kept up the morale of personnel by sending letters and packages. In turn, John compiled information to be e-mailed back to schools for a support group's weekly newsletter:

*We were getting packages from the school kids, writing letters to us and all that sort of thing and as a feedback from Timor back to the families, part of my job was to chase up each of the companies around the place like within the Battalion. Chase them up for their digital photographs and stories, poems, songs you know, various occurrences and we would put them into a newsletter and then I'd e-mail it back on a Sunday night. I'd then mail it back to Darwin about ten o'clock on a Sunday evening and at seven o'clock on the Monday morning they started producing the... printing the newsletters and that night, every Monday night they had a weekly get together.. and a family get together and they were distributing the newsletters so each week, every Monday night the families were getting a newsletter of between ten to sixteen, eighteen pages including photographs every week.*

Members receiving parcels were unequivocal in stating how the packages helped them to manage the separation:

*But mum's sense of humour was outstanding it was like she said now "what is it like up there?" When she got the e-mail and I said to her "oh it's tropical sunsets, beautiful" but I said "you know it's just not the same without the glass of champagne and the pate on the bikkies" And I get this care package. It's got "tropical sunset care package" and there was a half bottle of champagne, two tins of pate, a little jar of caviar and water crackers. And a mud face mask, some girlie things and everything and I cracked up laughing. And my captain... because I had it up on the bridge and the captain said "what have you been telling your mother?" And I went "um... I don't know sir" type of thing (Natasha).*

Eric, an Air Force Officer, evaluates the mail system that was implemented for INTERFET:

*I think today and again it's a case if you go back to the Vietnam era, most communication, even in society was via mail. People wrote letters to each other. These days they don't, they write e-mails or they talk on the telephone. You take those two mediums out and you know, there's a void. Now we resorted back to writing letters and it worked I mean the mail system worked really well. Initially there was a delay but again that was because we were too busy getting the important stuff done but once the mail started flowing in it was just amazing. The mail stats, I could go and check my notebooks but you're talking a couple of tons a day so it worked.*

In summary, couples composed letters that often became a testament of their time apart. Such letters remained important symbols to couples not unlike war letters of times past. Although hearing the voices of loved ones by telephone or text and images by e-mail was mostly cathartic, the use of videos was particularly helpful for some families (and units) to 'make the unknown more real' as the next section will show.

## Video

A number of families reported their partners in East Timor sent videos to them in Australia. Families indicated they gained considerable benefit from such videos stating this gave them a greater appreciation of how their partners were living:

*I think the first couple they sat there and just burst out crying. Because it'd been a while since we've actually heard from him or anything like that but I mean it was really cool, it was great, I think those... it was better than a phone call these videos and the kids could just see him and that's really all it was (Genevieve).*

Some Units created videos for viewing by families such as 383 Expeditionary Combat Support Squadron. Cara exhorts the enjoyment she obtained from watching the video:

*...Airfield Support Group had done a video and I mean it was hilarious because, if someone had watched it and didn't know anything, yeah it's a nice video, it shows you what they're doing and what not but we'd had the newsletters and there's characters in the newsletters and a couple of us were sitting up the back and this one character came on and we're making comments because it's our way of sort of relieving stress and a couple of people who were at the front didn't understand that we were making fun because we read the newsletter and they were taking it serious...*

A number of Units used videos made during INTERFET for subsequent UNTAET deployments which were shown at Information Sessions. In general, these were well received by spouses and found helpful because an understanding of the mission and living conditions could be obtained. Emily's partner was about to deploy for the second time to East Timor when interviewed and commented on the video:

*...I know once they had that thing the other night showing us where our husband's are going where ..that was really good, except I didn't like the idea. They showed us a truck tipping over. I didn't think that was really encouraging. They showed us you know exactly where they'd be you know sleeping and where they'd eat and, I mean that's quite good. A lot different conditions to when they first went...*

One member observed he had experienced use of a live video link up with Australia. Although apparently not in common use, Doug, an Army NCO experienced other units using this medium. Doug explains how it would have boosted morale, supported his family and enabled him to see his toddler develop:

*Because you're missing him for like four months, or eight months in my case of missing him grow up....Yeah, his first birthday, his first Christmas, first step, first everything you know, first Easter. But to have that video link up, as soon as they said that I thought, 'what a good idea.' And yeah if they could do that more often that would be great. That's from a bloke that's been deployed point of view.*

In summary, communication between home and the theatre of operations was essential for maintaining contact. All interviewees made use of at least one or more modes of communication although sending and receiving mail and care packages as in past conflicts was welcomed.



## National Welfare Coordination Centre (NWCC)

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During deployment, the role of the NWCC was to provide a central coordination point for referral of national welfare and family support, and monitor welfare support to personnel and their families. In other words, the NWCC was to be a point of linkage for families and personnel in situations such as casualty notification and Compassionate Return to Australia which will be outlined in a subsequent section. In addition, the NWCC had a database of deployed personnel and limited family information such as contact details of next of kin and family composition.

Inconsistent use of the NWCC was reported by several commanders. Findings show that for INTERFET and UNTAET a number of personnel in positions of authority expressed a lack of understanding and confidence in the NWCC and preferred to by-pass it to seek solutions for family problems rather than utilising the NWCC as a coordination point:

*If it was a family problem and personal problem, yes, I can go through my chain..I know every shortcut, bang, bang there. If I have to go through this NCWW thing, I don't even remember what it's called because I don't deal with them. I'd have to go here to there to get over here. I just go from here to here. It's a lot easier for me (Ashley, SNCO, Op. Tanager).*

*I don't know... I mean the registration forms are out there now, 'Do you want us to contact your family?' I think generally what I gather seems to happen. I mean I don't use them myself because we haven't got faith in the system so I won't use it because I'd rather rely on... I don't want some stranger with my wife while I'm away. So I'd rely on my friends and my workmates and Chloe's mates to do it (Jon, officer, Operation Warden).*

NWCC statistics (Appendix 3) highlight that the NWCC was receiving over 200 telephone calls per day between the period September 1999 and June 2002 with the three highest categories being notification of illness (271 cases), death of a family member (227 cases), and 'separation issues' (115 cases).

Relationships, parenting, notification of hospitalisation, administrative issues and breakdown of relationships were categories that were also reported in significant numbers over that period. When separation issues, relationships, parenting, and breakdown of relationships are re-categorised under the rubric of 'family support' this highlights that family support issues were paramount during deployment. According to the NWCC these 'welfare cases' are referred to a DCO social worker, a chaplain or a Defence psychologist. On the basis of participants' perspectives in this study, referrals were made although a number of these issues involve personnel being returned to Australia for compassionate reasons and will be presented in a subsequent section which explores inter-agency coordination.

The majority of spouses had no need to contact the NWCC during deployment. The largest group reported to contact the NWCC was the parents of personnel when nominated as secondary next of kin by deployed personnel. Some families interviewed indicated they found the NWCC to be readily accessible particularly after hours if they were in full time employment and described helpful and humorous discussions with NWCC staff such as the spouse who received a colouring book for her 20 year old daughter. Others were less forgiving and reported that they had 'blasted them' when packages didn't arrive or arrived late into the deployment. Some families wanted to speak with 'someone in uniform' rather than a civilian as was reported to be the preference of extended family members of other deployed personnel. Others preferred to speak a local DCO worker who they had confidence in and already knew. This group reported they wouldn't contact a military organisation because they believed it would negatively impact on their partner's career.

In summary, during the separation period the NWCC met participants' needs for information when required. Mental health and wellbeing issues were also significant themes for participants during this stage of deployment.

## Mental Health and Wellbeing

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Mental health issues were a prominent theme for some deployed personnel and families remaining in Australia during the deployment. Participants reported that the deployment impacted on childrens' and adolescents' wellbeing and mental health and these and other findings will be discussed in the next section.

Depression was reported by spouses to be the most frequent mental health concern in this sample. As well as pre-existing diagnoses of depression, this condition was also diagnosed for the first time for a number of partners during separation. Partners often kept their diagnosis secret from because they didn't want to 'burden' them or cause 'unnecessary worry'. Most spouses were under the care of a general practitioner and all were prescribed anti depressants as the preferred treatment modality with mixed results:

*She prescribed it to me but I think I took it for a week, I just don't like taking drugs, especially anti depressants. The reason I didn't take it because I had a friend and she was on anti-depressants and she just went into Zombie land and the doctor kept saying to me, "you won't go into Zombie land". But because I'd seen her I just didn't want to do it and in the end I just coped. I just said to her "look, I just don't want to take these anymore". And she said "well I really think you should" and I said "well, I'm not". So I did it the hard way. I just coped (Shona, Air Force, partner deployed).*

*They did diagnose me with depression, the first doctor I went to sat down for half an hour and he said "here you go, here's a script. You're depressed". The second one I went to said "OK fine, but I'll do some blood tests". Because I have a thyroid problem, that was playing up, there was something wrong with my liver, they thought that I had... the one where you get bitten by mozzies... Ross River Fever, they thought that I might have had chronic fatigue (Ann, Air Force spouse).*

As well as mental health issues, wellbeing declined in the majority of situations for the partner in Australia. Wellbeing issues ranged from overwhelming sadness, crying, tiredness, loneliness and poor sleeping as well as several miscarriages, an ectopic pregnancy and other medical conditions requiring hospitalisation:

*I think I'm qualified to say, talk about separation because we've had these three, four and five months separations over twelve years and longer. Before we were married when we were seeing each other. This was the most difficult one in terms of loneliness. I was terribly lonely this time, but then of course I was more restricted because I had young... well not much more than a baby and a young boy (Melissa, Navy spouse).*

*I did actually end up going into hospital for a couple of days and I actually got some friends to look after the children, but I really needed to have been in longer than that. Part of the problem was I got an infection in the injection site which didn't help matters and basically my body sort of got hepatitis. So I was really sick (Eve, Air Force spouse).*

Non-deployed spouses were not alone in describing their struggles with wellbeing and mental health issues whilst their partners were deployed.

A small number of personnel described experiences of military contact in East Timor. The impact of one such incident reverberated on a family unit. The spouse felt no one would understand and spoke about it with a DCO social worker:

*I found it very hard saying, thinking that he'd done this and I understood what he had done, but do I ask him about it? Do I talk to him about it? Do we one day tell Justin what has happened? So me also going to the counsellor, I talked to her about that and she helped me get over that...*

Other members described their experiences of recovery and transportation of bodies and body parts. Anthony, an Army SNCO was tasked with security and initial investigation of militia crime during Operation Tanager although his spouse and children were not aware of this at the time:

*It was like Weekends at Bernie's. I don't know if you ever saw that movie where this Bernie died and the guys had to make him seem alive for the next three ...bagging the body and all that sort of stuff, getting all the weapons and all that and then bring it all back in and pass it on down the chain as required and unfortunately I got caught out in the middle of the scrub in bad weather so I had to spend the night keeping Bernie company. Well he kept us company anyway. Talk to him, make a cup of tea with him and all that sort of stuff. I offered him some food but he didn't want any, I thought he was rather rude actually. And a couple of guys were driving him into Dili and they were talking amongst themselves there and asking Bernie for an opinion. Crazy stuff. Weird. Weird. Weird.*

Personnel described their initial landing in East Timor and conditions that confronted them:

*...we'd taken shovels and picks and you always have your little foldaway shovel that goes into your backpack but we were lucky because our unit actually sent with us goggles to put on for working so you don't get dust coming into your eyes... we had leather gloves to work with whereas a lot of our Army counterparts, the Army hadn't thought about the fact that they might be actually getting down in amongst human excrement so they had to use disposable gloves and there weren't enough of those initially but it didn't take long for stores to start coming in... We knew there would be TB and possibly rabies, encephalitis virus or JEV as it's called and malaria and Dengue but as we found out afterwards there are lots of other diseases that are associated with the tropics which you really have to take precautions for, things like being able to wash your hands regularly before you eat, that was paramount, water supplies were short because all the water had to be brought in by truck. The engineers were kept busy round the clock trying to filter and sanitise the water that was available and that was in limited supply because everybody needed it so the amount of water you could actually get your hands on to wash was in the beginning very scarce... Drinking water wasn't so bad because everything was brought over from Australia. Bottled spring water. I wondered about buying shares in the company actually. They sold it by the pallet load. We drank nothing but bottled water or tea, coffee boiled from bottled water. The instructions were quite clear, if it doesn't come out of a sealed unit, whether it's your rat pack or come out of a sealed bottle, don't drink it, don't eat it because you will get sick and those that didn't listen got sick.*

Although personnel felt their training prepared them for most military eventualities, nothing could prepare them for human suffering. Incidents involving East Timorese children impacted on a number of personnel particularly those with young children at home in Australia. Some personnel were profoundly affected by the living conditions of the East Timorese community. Martin, an Air Force JNCO vividly recalls a child who was injured in an accident and Glen describes a 'village beating':

*For me seeing it first hand because all I could bring back was pictures and words and I don't think it describes enough what the real situation is you know. Seeing like children running around with clothes that are probably from the seventies and matted hair and I had one kid that fell in a, they've got huge big culverts, like culvert type drains and they're all rock drains. And he was running around and he fell down it and split his head open and all blood gushing... I actually was the first one there to him and even today I still can smell the smell of his dirty hair with the blood and trying to clean him up and calm him down and trying to find his father in the village, all the other young boys. I was asking them to go and find his father and they went off and found his father. We had to try and get him from there to the Red Cross Hospital and all that sort of stuff. And you know just seeing stuff like that and we used to patrol past the cemetery and 60-70 per cent of the graves in the cemetery were no bigger than 2 and a half, three feet long. It was, yeah it was pretty bad because we were walking past that once if not twice a day. And you go past there and if you hadn't, if you'd changed AO's and you hadn't seen it for a while and you'd come back and there'd be a fresh child or baby's grave. That was pretty hard to take.*

*There's really from my point of view, I don't think that anybody can be clued up enough to say "righto, we're giving you everything you need to know, now you should go in there and do your job and not be worried about it" you know. Because when you see things, stark realisation, a thirty two year old mother standing there beside the body bag of her father she'd just beaten to death with a stick and the look on her face was... couldn't care less. I mean she'd bashed this guy to an unrecognisable pulp because he molested her children. And it's the sudden and swift vindictive justice they have over in Timor that's scary you know.*

Whether on land or on a ship, deployed personnel described a sense of threat. Navy personnel were not immune from such stressors:

*The first trip was a bit iffy. I mean you can't do much. If you're on a ship you're either going to sink or not you know, there's nothing you can do to change the situation whereas perhaps if you're in the Army on land, you could think well perhaps I should be under that bush over there and not this one you know There's a lot more individual decision making that can be made whereas on a ship you're there. I mean hell we can't travel more than sixteen knots. We're just sitting there in the water, a sitting duck. So I mean they'll either shoot us or they won't.*

*And I went down the Mess and one of the guards who's in charge of the missiles, they had like dust covers on, keeps them all shiny and clean and they only get taken off for three reasons, one for maintenance, two to be taken out or three we're going to go active. And we're all down the Mess and the boys are going "aarr" and the guy came in and he goes "I've just been told.. I've just taken the covers off the missiles". And for about ten seconds no one said a word because they thought "ooh, it's real". And yeah, a bit nervous...*

Wellbeing and mental health issues not only impacted on individuals but on relationships after homecoming which will be presented in Chapter Five.

## Impact on Children and Adolescents

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In response to the question regarding any impact on children during the deployment most participants' first response was 'fine'. However, upon probing, participants reported their children's mental health and wellbeing was exacerbated by their parent's deployment on a number of occasions. One such situation, to be described in the next section escalated to a family crisis necessitating the return of the member to Australia. Like their parents, children were reported to support their parents work and be proud of their parents.

Major changes in behaviour that were reported for children up to the age of 9 years included tantrums, enuresis, inconsolable crying and upsets, difficulty getting to sleep, nightmares and 'clingier behaviour than usual'. When asked to reflect upon less obvious behaviours, a number of parents commented that children in the middle primary years were 'moodier and sullen'. Verbally, children were reported to ask questions about the absent parent's safety - 'Dad'll be alright won't he?' The following quotes highlight the difficulty for parents in managing the changed behaviour:

*...he was being. He must have been angry. He was getting a bit violent with me, just pushing and you know sort of getting angry at me and probably he was feeling all the stresses that I was having (Emily, Army spouse).*

*...with the exception of one behavioural trait that was completely new to him which was this awful crying that he would do and it was never over being hurt or something that might... that a child might really bellow about. It was almost hysterical crying when something didn't go quite right and he's grown past this, he was five by then and he's never been a demanding... he's never been a tantrum child either, you know. Still had moments where if another child you know he wanted something the other child had and he'd waited and waited, instead of coming up to me perhaps. I'm just using what might have been an example, and say "I really want a turn now and I've been waiting for ages" he would just before he even said anything just burst into this awful hysterical tears and literally hysterical...(Melissa, Navy spouse).*

The quintessential experience for young children, then, was grief which often mirrored the family's experience. Madeline provides the backdrop to her family's experience prior to East Timor. Her husband had been present in her estimation twelve weeks in the past thirteen months due to frequent and unexpected deployments both overseas and in Australia for training exercises. She explains the impact on her son in his early years and the actions she took:

*...at three and a half I had him at a psychologist's and paediatrician's because he was losing hair through stress because daddy would go away and we wouldn't hear from him for weeks and he thought his dad was dead...*

Madeline further recounts how the East Timor deployment was almost the 'straw that broke the camel's back' as she dealt with her own and her children's anguish during the separation:

*....one night...it's just terrible you know. The poor kids. They are sitting there (points) in pain and crying and I'm hurting and everybody's hurting so I sat down at the table and thought right. Let's just go for it. Let's just cut the wound right open and get rid of all the pus. So I got Amelia talking at the table about how she was feeling and I just gave her the hard questions. I mean. They are questions that nobody wants to face but I mean I'm just at a point at the moment...I don't care how much it hurts. Let's just do it, because I can't stand hurting internally anymore. I may as well hurt and get it out than hurt and keep it in. And I asked her. I said 'how do you feel about your daddy being away?' And she just... it just started to flow and then because she'd used words, obviously it gave Tom a start with the vocabulary, and I asked him too. 'So how do you feel Tom?' And he was able to. I mean a lot of it he repeated from Amelia but at least it was giving him the opportunity to discuss it in a safe environment, and also for me to sit down and say 'hey I really hurt too, I really miss dad too and I'm... you know... and I cry and maybe...you know. We all need to sit down'. And we'd go and sit on the settee, get the blanket over and have a good cry...*

Adolescents were reported to have conversations regarding their parent's deployment and were also reported to express support for the deployed parent although they were more likely to act as caregivers for the non-deployed parent. Several adolescents managed the separation better than parents themselves. Some families reported that their older children's education actually fared better than previously and others indicated negative behaviours at home, school and in the community:

*My kids were actually better behaved, as I said I mean I'm the one that looks after them, and I'm thinking oh gee, with all this stuff on the media and and all the drama and everything, I thought I've gotta keep being strong, I've gotta look after them and it was the other way around because I watched current affairs shows and it will be something you know like sob story about the wife there by herself looking after the kids and I'd be bawling my head off, because I thought oh I just get all the emotion out and I'll feel better, so I'd be crying and they'd say 'you'll be alright, you'll be alright'. And they were looking after me and they were they were great. They were really good and my daughter actually, she did really well at school, the middle one. So it didn't, didn't impact anything (Jillian, Army spouse).*

*He's not aggressive generally. Oh well generally not naughty in class and things like that. He actually got picked up for shoplifting during that time...No I actually had a parent teacher interview just before Sean came back in November and they told me that he'd learned nothing all year but they hadn't bothered to contact me. I wasn't very happy because I'd been to the interview and I'd said to them if they've got any problems, ring me and they hadn't bothered so to me I think it was just laziness on the teacher's behalf (Nancy, Navy spouse).*

One of the most commonly reported challenges for parents was how to deal with children's responses to stories about East Timor in the print and electronic media. The non-deployed parent was unsure whether or not to permit their children to watch news reports particularly regarding INTERFET. Children were clearly worried by media reports and the predominant way parents managed this was to try to reassure their children that the other parent was not in the 'fighting zone':

*And I think the impact it had on the children like having one of the parents away for an extended period of time and then seeing on the news of a night time what's going on over there and they hear on the radio a newflash an Australian soldier's been shot and killed. Bang! What's their first thought (Brianna, Air Force spouse)?*

*...it was so promoted on the television and that's the thing, I mean they promoted it so much that she could make the connection there that that's where daddy is. That's daddy on the TV because you know, everyone in cam's is daddy and everyone in a green uniform is daddy and you know, watching on the TV whereas before, daddy's gone to work, daddy won't be home...And because she could see it on the TV and relate it to her father it was more questions and putting the pieces together and then...and then... she would cry. She would cry. I had to let her teachers know that this is what was happening, give her time to adjust because I had no idea like whether all the school work would go down the drain because she was just constantly concentrating on it but you know. She'd sit there and watch news reports and I'd say "let's watch something else" and we'd stop watching news reports because it was just too hard for her and like she'd have her crying times...(Shona, Air Force, partner deployed).*

*Even the ABC where a newflash didn't happen until something like 7 o'clock at night but you know, they were showing people being slaughtered in the main streets of Dili and then they were showing pictures of the ships in Darwin Harbour and David started waking up having nightmares, screaming out "my daddy's dead, my daddy's dead, I want my daddy, my daddy's dead" and I just don't believe I couldn't handle it I thought this isn't fair you know (Deanne, Navy spouse).*

*...there were horrible headlines and the QT, the Queensland Times newspaper had headlines about the militia are going to eat the hearts of our servicemen you know, really horrible headlines and they saw that and it was very worrying.*

Young children acted out events that they viewed on television in their play causing one child care centre to modify their policy on banning violent toys and games:

*...everywhere the children looked, on newspapers, on the television there were heavily armed army or military personnel running around East Timor with guns and that was very confronting for young children to watch. I noticed that the children became, not aggressive in their play but they were mimicking what they were seeing on the television. And the child care centre where I had both the children at the time had also noticed that as well and they had actually at the time... in most child care centre's as they do... that the children are not allowed to take any violent toys or play violent games but they actually did make an exception for the children at the time because everywhere they looked, it was right there in your face (Bernadette, Air Force spouse).*

A number of families sought professional assistance for their children and adolescents during deployment. However, most participants were unaware who to turn to such as DCO social workers, school counsellors or professionals with expertise in the area of child and adolescent mental health.

Whilst families were separated family crises did occur necessitating the return of the member from East Timor known as Compassionate Return to Australia (CRTA).

## Compassionate Return to Australia (CRTA)

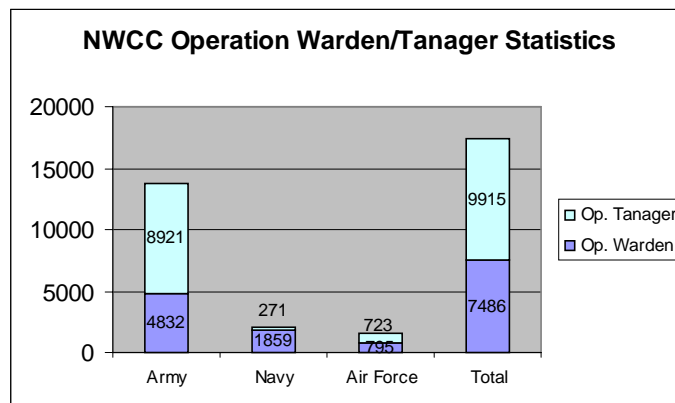
In the event of serious injury to personnel in East Timor, serious medical conditions of loved ones in Australia or family crises, personnel could be returned to Australia known as Compassionate Return to Australia (CRTA). Table 4 shows official NWCC data regarding CRTA by service. No breakdown of such cases in terms of why CRTA was effected was available. However, given that there were 227 notifications of death in this period from family in Australia (NWCC Data, Appendix 3), it is likely that most CRTA were due to the death of either an immediate family member, parent or grandparent.

**Table 4** Numbers of CRTA by Service (Until June 2002)

<b>Compassionate Return to Australia (CRTA) Analysis</b>				
<b>Service</b>	<b>99-00</b>	<b>00-01</b>	<b>01-02</b>	<b>Totals</b>
ARMY	59	147	66	272
NAVY	3	16	29	48
AIR FORCE	9	13	2	24
OTHER		1		1
<b>Totals</b>	<b>71</b>	<b>177</b>	<b>97</b>	<b>345</b>

Figure 4 shows total numbers of personnel deployed by service for Operation Warden (INTERFET) and Operation Tanager (until June 2002) according to NWCC statistics. Although, the numbers of personnel returned to Australia for compassionate reasons as compared to the total numbers deployed is relatively small (approximately 2%), returning personnel from a theatre of operations is not a decision that is taken lightly since CRTA has operational implications for Defence. The focus here, however, is the impact on the deployed member and the family.

**Figure 4** NWCC Operation Warden/Tanager Numbers By Service





The CRTA process requires effective communication and coordination across States and Territories and between many players including the NWCC, the military unit, the DCO social worker, the deployed person and any family members, medical staff, chaplains and allied health professionals. The Defence Community Organisation's after-hours capacity may be utilised and a DCO social worker is required to carry out an assessment to assist the Commanding Officer or other Approving Authority in determining whether compassionate return is to be approved.

In this study there were four cases of CRTA comprising two situations where the member was returned to Australia, one case where return was assessed but not approved, and one situation where a member may have been returned if the support system had been aware of a spouse's medical condition. Such cases permit useful analysis of inter-agency processes and what the experience meant from the deployed person's and family's perspective. How effectively this process worked could be indicative of the effectiveness of Defence's support networks such as the Unit/Base/Ship, DCO, Psychology, Medical, Chaplains and the NWCC.

Ruth contacted a non-government family support agency when her middle child, Josh, eight years old, became 'unmanageable' after her husband deployed as part of UNTAET. Ruth felt there had always been a problem when Owen deployed in the past but not anywhere near the extent when Owen deployed to East Timor. Josh had never had any diagnosed mental health concerns prior to deployment according to the couple. Ruth called on her own extended family for support initially:

*I enlisted help from my family like my dad who'd come and stay over sometimes or my mum. My parents are divorced. And even Owen's mum would come and stay with me for periods of time to help out because I was working as well but she couldn't stand it. She's in her seventies and she found it really difficult. Yeah I think the behaviour was just out of control behaviour. Just terrible, you know how you see on the TV you see kids with A.D.D in the shopping centres, it was like that and I. Look at my size. I'd have to be like virtually holding him down to stop him hurting me or himself or his brother or whatever and it was just getting too much... he's strong and you know how kids are when they're angry and you know I'm, I had trouble. I'd be like sweating profusely trying to just keep him from hurting himself and he would just be running into his bedroom, running into the walls at full pelt.*

Ruth had contacted her local DCO office but did not establish rapport:

*'Some people are better social workers than others. Have better skills with talking to people.'*

Consequently, Ruth contacted a community health centre in her State and a family support worker assisted Ruth by visiting weekly and developing parenting strategies. Ruth also contacted a child psychiatrist. Ruth describes how the situation with Josh came to a head one evening when the family support worker was present:

*...Sarah witnessed this episode with Josh where basically. He threatened to stab himself with a really sharp knife in the kitchen. You know really severe stuff which I, you just can't understand it. And she rang the psychiatrist and said, 'look, this is getting to breaking point.... He said 'well I can put him in the psychiatric facility at the children's hospital or we can put him on some drugs or we can try and get the husband back. And so obviously I said, 'I don't want 1 and 2...*

Ultimately, the child psychiatrist wrote a report and Ruth contacted DCO as well as Owen in East Timor to inform them of the psychiatrist's assessment:

*Because in the meantime I was in contact with Owen and he was hearing about all this over the phone... just feeling like, how helpless can you feel, you know knowing that your child's in trouble.*

Owen was returned to Australia within forty-eight hours of the event. Owen's reflection demonstrates the system functioned adequately although he was not sure which agencies and staff were involved:

*When I was in Timor and it first developed, I talked to the person who was in charge of me there...and I appraised her of the situation and said, 'look I've got problems at home. This is what is happening. One of my children is sort of going off the rails.' And she was very supportive about that and you know wanted to be kept informed and then when Ruth told me, 'yeah this has happened and the psychiatrist has written a report about it, I went and told her about it and she said, 'fine, I'll talk to the person in charge of our Operation, we'll let him know.' By the time she'd gone to talk to him, he received a fax from, either the FLO at [location] or the National Welfare people and that was it.*

The incident and its aftermath highlight the inherent tension for the participants between the family's needs and the operational requirements as well as questions for the family as to whether the situation could have been prevented if identified earlier:

*...I felt like a real failure because I couldn't keep it together and Owen had to be pulled off the exercise but I had to think of my child first. I mean you know, someone could replace Owen but no-one is going to replace, like if something happened to Josh and, that has to be my priority so there was mixed feelings there but once I found out he was coming home it was such a relief....Phone contact or a choice of face to face if necessary. Yeah and then if it's, to let you know that if you do have problems that we can put you onto a therapist who specialises in these sorts of anxieties or problems and yep, you're in there.*

In another situation Eric was compassionately returned to Australia due to serious injury in East Timor. Eric's spouse, Alison, felt support was poorly coordinated at all levels and that procedures that were outlined at an Information Briefing she attended were not followed. Alison was critical of DCO's lack of social work support and understanding of the 'trauma she was experiencing'. Although appearing to 'function on the outside' when a social worker conducted a home visit to her, Alison felt the social worker lacked the training to assess her emotional state and level of functioning and no contact details or follow up contact was made by the social worker. In practice, Alison felt support constituted information, empathy, follow up, practical assistance, and a non-judgemental stance. Alison left her employment to support her husband's recovery and sought psychological counselling for herself.

Gaps in knowledge and information flow between the services, chaplains and DCO also had negative implications for Eve who was hospitalised for several days and was unwell for a further eight weeks:

*I found out later that I could have actually got my parents flown over here by the RAAF but nobody knew about that and I only found out when I happened to meet the Squadron Leader who worked with Matt who's wife was in the same boat as me and he actually flew home and when he got home they said "oh but there's a Deployment Contingency Plan that this could happen". My comment was "well why doesn't anybody at the base know that there is that Contingency Plan?"... The Chaplain knew I was sick only because I would see him quite often... He knew I was sick and he didn't know anything about it. I had no contact from DCO at all. The only contact I ever had was through the Warrant Officer or through the Chaplain (Eve).*

Despite the fact Eve had attended a pre-deployment information session at the base, Eve did not recall any details about who to contact in such an event and Eve received her information pack from the NWCC sixteen weeks into the deployment. Although Eve compared her situation to another spouse CRTA may not have been approved in her case since family support was available to care for her three children and she was not seriously ill. Eve's situation also highlights the issue of personal responsibility for help-seeking since she felt it was the 'system's duty to know' again highlighting the high expectations families had of the support system.

A final case illustrates a couple's perspective of a similar situation involving a spouse who had complications with pregnancy. Josie found out three weeks after her partner Ivan had deployed that she was pregnant and her fears of an ectopic pregnancy as she had had seven years before were confirmed after an ultrasound. Josie contacted her husband's unit to advise them:

*I remember it was bad and so I called the Unit and I told them that I'd fallen pregnant and it would be bad and I'd have to get rid of it and I'd have to go to hospital and the Sergeant there said that it'd be fine you know. And that when it happened they'd provide me with transport...*

After more medical tests Josie was hospitalised. Prior to being admitted she contacted the unit for assistance with travel since she was not permitted to drive although Josie did not contact her husband as she explains:

*I didn't call him because I thought they'll call him after I've had it you know because he'll worry. I rang all the numbers, the phone numbers of his work that I had. I got no answer from anywhere. I had to leave a message which I consequently, subsequently found out that my message was listened to and ignored... (crying) Sorry... I got to hospital and I told the surgeon and he said straight away that it would be ectopic and I knew the whole drama. I knew I'd be cut open and I knew I'd be stuck in hospital. So they raced me off to theatre and I'd already been bleeding internally...*

A DCO social worker interviewed Josie in hospital as she recalls:

*I'm drugged up to the hilt as you can imagine. I've been relieved of my morphine... I've been relieved of my morphine and I'm still on heavy pain killers, I'm being. My entire abdomen has been sliced open. This twenty something year old from DCO, she's a welfare worker, a social worker comes in to interrogate me about whether or not they should get him home. No to the hospital...She basically told me that in a nutshell he was not coming home and he wouldn't want to come home anyway. They had a policy. They were told that nobody was coming home under any circumstances so I would just have to look after myself. And the children could look after themselves.*

Ivan was not approved to return to Australia for compassionate reasons. Josie was hospitalised for six days and her two teenage children were required to look after themselves for that period. Both partners felt let down by the support system and Ivan's initial reaction upon return from deployment was:

*...to put my discharge in the day I landed. But I actually went there and I spoke to the new people in charge there, because there have been a bunch of people that have been posted in. I spoke to them and said that okay; I will give you a few months to see what happens. I told them when I arrived that I wanted this thing sorted out...to find out why Josie was left in this kind of situation and why I wasn't allowed to return home to look after her. The doctor said that she needed 24 hours care.*

Ivan and Josie were interviewed eight months after Ivan returned from East Timor and at the time Ivan's discharge was pending.

In concluding this section, all of the four cases pertaining to 'Compassionate Return to Australia' provide evidence that processes were generally ineffective according to participants and follow-up by DCO was lacking. The main criticisms were that coordination was poor between DCO, the NWCC and individual units/bases, some DCO social workers' interventions lacked empathy and understanding, and accurate information flow between families and service providers was lacking. In all but one case a DCO social worker had an opportunity to support the family not only through the return of the member but in the negative after effects which were reported to be continuing. Families indicated that the process was very effective in returning their partner to Australia but there was a sense of abandonment by services after this had occurred.

## DCO

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Interviewees were asked about the effectiveness of DCO's service delivery during deployment and what they would suggest as 'good practice' in the future in the light of DCO's Operational Plan.

The DCO Operational Plan (1999) stated DCO would:

- i. participate in Unit organised briefings;
- ii. ensure contact with all primary Next Of Kin (NOK) (and secondary NOK if resources allowed) to assess level of contact to be provided on an ongoing basis;
- iii. assist and encourage the formation of self help support groups; and,
- iv. provide general support to NOK such as information, sponsor social gatherings, counselling, and referral.

Findings regarding participation in unit organised briefings have been outlined in the previous chapter in the section Information Provision.

Respondents in this study highlighted the variability across localities in terms of DCO making contact with them as NOK. The ability of DCO to make contact with spouses was dependant upon whether DCO was aware that a member was deployed. The mechanisms by which DCO became aware that a member was deployed tended to be via the NWCC passing on contact details to DCO offices, local arrangements with units or ships informing the local DCO office, or the family itself informing DCO that their loved one was deployed. Both the deployed and non-deployed spouse had very high expectations that 'someone from Defence' and most likely DCO would make contact with them at least once during the deployment period. This expectation tended to be around a reciprocal obligation on the part of not only the deployed person but the family member themselves - "I'm going off to serve my country and place my life on the line. I expect someone to look after my family'. When this did not occur, respondents felt angry, abandoned and that 'Defence doesn't care'. To compound their frustration a number of participants found messages left on answering machines well into the deployment:

*I had no contact whatsoever with DCO, they didn't contact ... well actually, now I'm just trying to think, it would have been after that, would have been close to three months I got a message left on the answering machine to say "this is DCO" or whoever it was to say "if you need me you know where to find me" that was the only contact I had.*

In respondents' eyes, it did not matter which staff in DCO contacted them throughout the deployment. When contact was made and was all that was required this was generally applauded and felt to be positive. Personnel generally and single members in particular expressed strong support for loved ones being contacted by DCO:

*But the fact was that yeah, information was forthcoming for mum very well and DCO and everyone, yeah it was only one phone call and they'd not so be physically there for her but answering questions, allaying fears...(Natasha, Op Warden, Navy Officer, mother as NOK, rural NSW).*

The DCO Operational Plan suggested an assessment be made of the need for any additional contact or other assistance when NOK were initially contacted. Participants indicated they were more likely to be open with the DCO worker if they already knew the worker or a rapport was able to be established over the phone. Participants that received a call found it 'very helpful' and showed that 'someone cared'. Further, the contact gave spouses the opportunity to vent their feelings, 'All I wanted to do was talk and have someone listen'. Some participants said they tended not to request further calls although those respondents who told the DCO worker that 'they were fine and not to worry about calling again' said they later regretted saying this because their situations changed over time. Indeed, upon reflection, a number of participants felt some of their support needs were 'probably missed'.

Most respondents felt a home visit would have been helpful to 'nip any problems in the bud' but thought that DCO would be 'too busy to visit me'.

*I think it would have been lovely, yeah I would have loved it if somebody had rung me up and said "I would like to come over because we know your husband's been sent away and like to come over and just see what you would like to see happening for you".*

A significant theme was a lack of understanding of DCO as an organisation and 'what it could do for me during a separation, anyway'. People knew DCO was 'out there' but were unclear of its role:

*I know DCO and the FLO and everyone's around and I know they're there but what they actually do I don't know. Do you know what I mean? I know that they're there and I know if I need them I can ring them and get help and I know that if I had a problem and John was away, I could ring the Duty Officer or I could ring the DCO or I could ring... and I know the numbers. I've got the numbers but what they actually do... and I've read all the literature. I mean, I don't know what they do. I mean it's really dumb, I suppose because I've never used them and I don't know what they actually could do if I was stuck but I've never had that situation so I don't need that help (Phoebe, Army spouse).*

A surprising finding was that many participants clearly did not understand the differences in role between social workers, administrative staff and Family Liaison Officers (FLO's) in DCO which was not helped by considerable variation across DCO localities in terms of which staff were responsible for contacting families throughout the deployment. Some participants indicated the FLO or administrative staff contacted them exclusively throughout the deployment whereas other participants reported this role was carried out by the social worker.

Participants described situations where social work assessment and intervention was clearly necessary yet did not occur. Apparent role confusion within DCO created hardship and a perception of inept support for a number of respondents in this study. Katrina had been diagnosed with major depression and described how she approached DCO for assistance. A Family Liaison Officer (FLO) conducted a home visit even though Katrina wanted to discuss support around her depression which is a social work role:

*...I contacted DCO in... [names worker] came out and saw me who I entertained. Like I ended up having to make her a cup of coffee and things and we just chatted and I felt like really nothing came of it. I felt that there was no use in actually using the Defence system at all. And that I was better off doing it myself.*

Interestingly, Katrina did not question the appropriateness of the FLO's visit because she thought she would obtain the support she needed. Consequently, Katrina did not contact DCO again and located support through her doctor.

Additional DCO roles during deployment were to provide general support to NOK such as information, sponsor social gatherings, counselling, and referral to appropriate services.

A number of personnel and their partners spoke glowingly of the above DCO support roles from their perspective. One respondent felt her marriage had been saved by counselling support with a DCO social worker when her husband, as she put it:

*...found comfort in the arms of another army woman which I found very hard...*

The capacity to respond quickly to family issues was seen as a positive by one commander:

*Thank Christ for them really, I mean there's just such a gap without them. I mean it's just amazing to compare the difference between talking to my mum about when my dad went to Vietnam in the sixties, and when we went...I really can't laud it enough you know. A digger starts getting into trouble over there in Timor because he's worried that his wife... something's happened you know, a guys de facto will be kicked out for living with his brother and then she'd kick him out and to know you can get on a phone, talk to a Captain at the HQs who would in turn ring DCO who would send someone there, bloody brilliant (Jack, Army officer, Operation Warden).*

Although most respondents indicated DCO was a pivotal plank of Defence's formal support mechanism, a resounding theme of participants was that DCO as an organisation and DCO social workers, in particular, failed to understand 'what we are going through' particularly during a major deployment. This was reinforced from participants' perspective when no contact was made by DCO during deployment. Upon analysis of participants' responses it was evident that a profound distrust and lack of confidence existed across some military areas which was a major barrier to any propensity to seek help or receive help from DCO. Thus, even though DCO was seen to be 'out there' participants expected DCO to make contact with them whereas participants felt DCO was waiting for them to 'knock on their door'. This aspect highlights a tension between the social work professions espoused principle of a client's right to self-determination and duty of care to people who constitute a high risk group. Dee, an Army spouse, questions this principle:

*They (DCO) said to me very very clearly, that it wasn't their job to chase those things down. If the unit wanted the soldier's family support, the unit would come to them. And if the soldier's family wanted their support, they would come to them. And if the soldiers wanted support they would come to them.*

Jon an Air Force officer offered an interpretation as to why his squadron did not have a working relationship with DCO during Operation Warden and other deployments. Jon believed DCO failed to understand the lifestyle of personnel and their families. Jon explains how the unit support network consisted of his spouse and the chain of command, a recurring theme:

*...because we do go away a lot, there is a support network of sorts in place which is not. It's not DCO. It's nothing to do with DCO. And that's the squadron network of because basically I don't think anyone can understand what the maritime lifestyle is like, the [unit] lifestyle is like unless you've actually been through it and so the strongest support network that we know of and the one I relied on was the guys in the squadron who knew what we'd go through and what was happening. And they would be the ones... same as if right now [post September 11] you know... I'd ring up Chloe and get her to ring his wife and just see how she was. And that's the network that we tend to rely on. And that one is a reasonably well established network. Your friends, the guys at work, and the CO, XO.*

Upon further probing, Jon revealed DCO's lack of presence contributed to DCO's lack of understanding of this Air Force squadron and distrust of DCO on the part of the community:

*DCO. No well they haven't got a presence so they, therefore, they can't really understand what it's like and for our guys in particular we're always deploying... So I would rather they called us, and we do know how it works and we can, we know who to call and we know what to say and what to do....*

During deployment some non-deployed spouses in this study contacted DCO on a range of matters including advice regarding children's behaviour, referral to other services, information about entitlements to travel and house maintenance such as organising someone to mow their lawns. Numerous 'atrocious stories' were expounded regarding participants' experiences with obtaining childcare or a visit to their elderly parent who was caring for their child in the case of one dual military family. Participants were critical that DCO staff 'let them down' and failed to find solutions when confronted with their problems:

*To me DCO are more of a hindrance than a help...And I got a phone call from one of the ladies and she said "Hi I'm (names worker), I'm going to be your..." I'll use the word social worker, she said "I'm your social worker for the East Timor deployment". "I'll be looking after you while your husband is over in East Timor, anything you need please contact me... We're here to help".... I knew it was coming up and I asked them could they arrange for some childcare because I didn't know anyone in the area... I'd given them like nearly a months notice and on the Wednesday I said "what's going on" and they said "we can't supply you child care" and I said "well, thanks very much".*

*I got one letter from DCO in (names locality) inviting me to come to a BBQ on the Saturday, I got it on the Wednesday but it's like 550k's or something to go up there and it's like "thanks very much but I really need a bit more notice"*

*I did ring one counsellor at DCO and he suggested I - probably the name put me right off, he suggested that I go to it was something like children's mental health, and I thought this is too serious, I'm not going to go there, they'll probably lock him up, you know.*

*I had gone to DCO for a special needs meeting, like the local meeting and I just asked at the front reception desk if there was any... I just said my husband's away, is there anything in place for someone to help me mow the lawns. We had every intention of getting people in because we had talked and discussed about that and the receptionist looked at me and she just said "well that's what you get the extra money for"... and just looked away. I thought... I was just devastated. I felt so angry that this woman had the arrogance to prejudge me because I said where my husband was, so I actually called the state manager for DCO and put in a complaint about her because I don't tolerate rudeness.*

Janet, a Navy NCO, recounted her understanding that her husband had been told by a DCO social worker to contact her ship with his financial concerns which had ramifications for her:

*And financially he wasn't coping. He had a gambling problem so the whole thing was pretty funny... in retrospect it was pretty funny so all the money I'd saved from Timor was all spent before I returned and I think I saved an extra five thousand or something. So my tax return, took that to the races one day and rang me up, "good news and bad news, your tax return has come in, bad news I've spent it"... he was ringing up saying "I'm not coping, I'm not coping". He'd ring the ship fairly regularly and I'd get piped up to the bridge. You're not supposed to ring the ship at sea but DCO kind of said "no, feel free, do it... Oh yes, the Captain hauled me into the office at one stage and said ... basically said if you don't call off your dog, I'll have you discharged. Which is probably not very professional but yeah, I could see where he was coming from, he even turned around and said "Look I know it's not your fault. I know it's your husband pushing for this but you'll have to call him off". And I said "well look, you know, he's not a dog. I can't stop him from doing this". But it does make things very difficult.*

Commanders interviewed provided a strategic perspective of DCO's role during deployment which was broad-ranging. One commanding officer of a ship was in constant direct contact with DCO to gain support for families. This commander felt the navy had a long-standing relationship with social workers historically since the navy was the service that had regular separations. As a consequence the commander preferred to contact DCO social workers directly from the ship and again the NWCC was bypassed:

*...when I was over there I arranged a number times for the social workers to go and see family because I had a couple of families where one was threatening to injure herself and another was struggling significantly...*

Commanders highlighted that DCO social workers did not understand the impact on operations when personnel are returned from the theatre of operations. Two navy commanders spoke of the tension between returning a member to Australia for compassionate reasons and the impact on their ship:

*...social workers don't necessarily realise the impact on the ship if the sailor goes home... Often it's written in by the social workers and it would be of great benefit for a Leading Seaman to go home and that carries more weight often than the captain saying 'well if he goes home the ship cannot operate effectively'. Often or sometimes I think they don't necessarily understand the impact of removing one person from the ship (Navy commander).*

*You then set up this very suspicious relationship between both the chain of command on the ship and the member that pulls the social worker card and the chain of command and the social worker... Makes me say 'okay, I've got the social worker's decision here but my gut instinct says yes or no' and that puts me up against the social worker which is not an enviable situation...(Navy commander).*

Notwithstanding participants' perceptions of a lack of understanding of the deployment experience on the part of DCO generally and social workers in particular, participants strongly indicated offers of assistance needed to be made to families which could be refused if desired.

DCO social workers have diverse roles in Defence and one role was to assist and encourage the formation of self-help groups. A number of participants were part of such groups and provided insight into their usefulness.



## Family Support Groups

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During the INTERFET deployment in particular, a number of partners became involved with Family Support Groups. Such groups often arose informally as well as formally and occasionally catered for children and extended family as well as partners of those deployed.

Perhaps the best known support group, which featured on the ABC television program *Australian Story* in 2000 was the PIT Crew, or Partners in Timor. Sally, a participant in the group recalls how a Unit family briefing led to the formation of the PIT Crew:

*Well it actually started at the first briefing that the unit held where they'd let us know that they would be going...The CO's wife actually said 'look I'm interested in making sure that the unit,' because there was so many of us... kept the morale up at home she said, 'is anyone interested in forming a family support group?' And that's how it started...We were able to ask any questions... They did a you know who wants to become involved in a group type thing and you did the hands up and we all started our own sort of family support group with the help of the unit.*

John, an Army officer who deployed as part of Operation Warden explained how the PIT Crew established a 1800 number and provided practical assistance to families such as referral to organisations such as DCO which John felt provided a sense of connectedness:

*The approach that we took was you know, DCO and these various services detached off you know, FLO and REDLO and all that sort of thing are all there as a framework and we just fleshed it out with the PIT Crew and that sort of thing to give it a Battalion focus and make the Battalion as a family sort of thing and if somebody identified that there was a problem like at these Monday night get togethers, if somebody's not turning up you know, chase them up and find out why and then if need be then look at getting a counsellor in or whatever, but it was just there as a family....bond.*

Phoebe, John's partner, with two young children under the age of three explained how the PIT Crew was her lifeline as it continued to provide information to her after she relocated interstate:

*...because I moved... I was on the outside of it but they didn't forget me which was very amazing. I mean it was a bit annoying sometimes because they'd have these functions and you're like I can't just fly to Darwin but they always sent me newsletters, they had a phone tree so I think once a fortnight you'd get a phone call from another wife or a spouse or a girlfriend or a mother, "how are you going? What's happening"? You know? So they were the angels really...*

Phoebe further explains how the Commanding Officer resourced and supported the PIT Crew and the spin offs that occurred as the group evolved:

*...because he looked after the guys and she looked after the families. But he was very aware of what the families needed and he used his resources to actually spend on the families. Before he made the guys stay in he would say, we'd have a family meeting and he would say "right, the guys are going to stay in for the next two weeks, they're going to do this, this and this", so that the families knew, because a lot of the guys wouldn't tell the wives what was actually ...*

As well as the PIT Crew numerous examples of informal groups were established by participants often serendipitously. Although DCO was to facilitate setting up of self help groups, no participants in this study were aware of any involvement by DCO. Jillian describes how her self help group arose when she attended a unit organised function:

*...and there'll be someone sitting there by themselves and then the next table, someone sitting by themselves... you know I am just getting sort of a bit bold in my old age and I just said I'm going to go over to those women and see if they know anyone and at the first table I went over and I said you know this is supposed to be a get-together. I went over to them and said 'do you know anyone?' She just burst out crying and she said 'I feel like a fool. I'm just sitting here. I don't even know anyone.' So I said 'come over and sit with us'...*

This group, like many others, continued to meet informally throughout the separation. Generally, only some of the participants knew each other prior to deployment and the group was seen as a life support sharing food, humour and something in common – mutual understanding of each others unique deployment experience. Such groups dissolved when their partners returned which will be discussed in the next chapter.

Support groups were set up in many rural areas also sometimes with the assistance of service clubs like the Returned Services League. These groups were reported to be vital support for the parents of personnel in particular. When groups established group members were often surprised to learn of sons or daughters serving in East Timor:

*"Oh I didn't know your kid was doing that" and then everyone getting together and then they'd say "wow" and also "oh are you coming to Goulburn shopping on Thursday, look come up and have morning tea with us" so they'd get their own little support group happening that way as well....And everyone was under the same pressure, like their child was away so there was a lot of being... you know the empathy and passion for each other was real. It wasn't "oh dear I know how you feel" from the old spinster who's never been married.*

Not all participants were positive about so-called family support groups, however. These generally included couples without children, dual military spouses who did not feel accepted by their civilian counterparts, and working spouses who tended not to attend.

Previous research has shown the support of the military unit is central. Variations in how the three services provided this support were evident.

## Unit/Ship/Base Support

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Where regular contact was made with non-deployed spouses in the form of newsletters, telephone or via Family Support Groups, the support of the unit was reported to be effective. However, a number of non-deployed spouses and deployed personnel reported that Army and Air Force rear detail Units had neither the experience, time or training to deal with the myriads of family problems that arose during deployment:

*I think the only problem we had was because everyone's in such a hurry to go they didn't leave anyone senior remaining behind and so the link into the unit, all the support mechanisms seemed good, better than Somalia but any leads into the unit were not because they had fairly junior people behind, but that was a Unit problem that wasn't an organisation or DCO Support Network problem...(Jack, Army officer).*

*Well it's sort of hard to explain but sometimes you could leave a message for three days in a row and he won't call you back. Just the usual thing like that... And sometimes I would ring up and I would want to find out something and it's, 'leave a message, ring the next day, ring the next day.' If you get onto him it's great but it's getting onto him sometimes that's half the. Although I have another number that then you're supposed to ring someone else and then you ring that person and it feels like you're ringing everyone else to get to him (Robyn, spouse).*

A common theme was that spouses felt frustrated that promises made by Units such as regular contact, information and home maintenance were not kept:

*The first phone call I had was from the padre from [Unit] but that was before they even deployed, and that was great. But then the second one I had was from a Corporal something in [Unit]. He said "oh this is your monthly phone call" and I said "what monthly phone call" I said "other than the padre ringing me, you're the first person who's spoken to me"*

*...it's better for people to be honest and say look you're probably going to have to look after yourself, you know, maybe if you're really desperate you can contact DCO or the Army but don't sit at home thinking you're going to get all these phone calls and there's going to be all these activities organised because it just doesn't happen...*

*Well in my situation, I wanted people to know that I was by myself and perhaps someone knock on the door and say "look, come over for a coffee" or someone knock on the door and say "look, I notice your lawn's getting a bit long, do you want me to send hubby over?" Little, silly things like that, that really would have made me feel at least that someone gave a damn.*

Navy families are dependant on the command of a ship for information and some families reported little contact from their partner's ship whereas others said it was the norm.

In concluding this section, respondents highlighted the significant variations across the services of unit/base/ship support. What was central to participants was that someone from Defence 'look out for them' irrespective of whether it was unit-based, the NWCC or DCO.

This chapter has presented respondents' perceptions of support during the separation stage of deployment. The concluding section will discuss the findings and implications for policy and practice in the light of respondents' perceptions of what would have assisted them further. Recommendations are also made for action.

## Deployment – Discussion and Recommendations

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Communication was a pivotal issue for all participants. Participants in this study understood that communication with their partners in the Theatre of Operations was going to be difficult in the initial stages of Operation Warden due to operational reasons. As INTERFET proceeded communications improved and mobile phones were permitted. Families in Australia could communicate relatively freely for the first time. The mode of communication was not important. What was important was that communication was available.

Participants in this study who had previously deployed to operations including Somalia and Rwanda noticed significant changes in their capacity to communicate from the front to home particularly as communications evolved in East Timor. Although a double-edged sword for some, the findings clearly demonstrated that communication maintained morale and relationships for personnel and family members alike. In essence, the ability to have access to communication enabled a reciprocal exchange of care and concern for the deployed and non-deployed person.

Previous research has highlighted the changing nature of communication during operations (Segal and Harris 1993; Ender 1995; Ender 1997), the propagation of new media, and the delicate balance for the military in meeting the need for deployed personnel and families to communicate although not infringe on operational matters such as security - 'loose lips sink ships'. Personnel and their families want and now expect liberal access to communication which has implications for policymakers in the Defence Organisation. As an example, the policy on mobile phone use was ambiguous to many personnel since the 'big stick approach' of charging personnel at the outset of Operation Warden soon changed when internet cafes and mobile phone towers emerged.

Most deployed personnel and their partners or next of kin (some parents in their seventies bought computers for the first time) had access to e-mail and the internet with the exception of personnel in the remoter regions of East Timor. Given that DCO already enables internet access for spouses via the Spouse Employment Assistance Program (SEAP) the potential exists to broaden this program to enable all spouses to have internet access throughout deployment even if they do not have internet access at home.

The policy of enabling mail and packages to be sent freepost was found to be a very effective means of involving children, partners and other family members to demonstrate support through the careful selection of items for not just their loved one but the East Timorese as well.

Perceived communication inequities provided evidence that differences in use of the various modes of communication may undermine some of the benefits. Leaders who had liberal access to communication to contact loved ones were viewed as abusing the system which has implications for policymakers beyond the scope of this report. Unlike previous research (Ender 1998) that suggested high rates of use by service personnel were related to rank and education level, the present findings suggested high rates of use were related to rank per se.

Financial difficulties were not reported for the significant increases in telephone and allied costs associated with communicating throughout deployment due to the East Timor allowance. Previous research has shown that communication during an overseas deployment caused financial hardship for families particularly during the Gulf War (Caliber Associates 1993).

Participants made a number of suggestions for improving communication. One member believed the live video link up he had observed during deployment would be helpful for members with young children in particular. The USA forces utilise this form of communication. Others believed more mobile phones and the capacity for private and more frequent calls would be a solution.

Personnel provided structural views of how electronic media could be utilised to facilitate communication between the theatre of operations, home and DCO:

*I think one of the most useful things for the social workers would be to have the e-mail address of all the wives of the people who are away and put out an electronic bulletin of things that are going on...Nowadays, the wife uses e-mail as a primary means to contact me so it sort of stands to reason then that it should also be the primary means of receiving information from DCO...all the communication sailors are now taught as web designers. But we usually have one person nominated as the ships web master. And he will, he looks after doing updates to the ships website and that sort of thing and he'd be the person that you'd have to be in touch with and so it would be up to the social workers to find out who their ships web site master was so that if there was anything you wanted stuck up on the ship's website (Mitchell, Navy officer).*

Organisations such as the NWCC, DCO, Psychology, Health and Mental Health have existing web sites and family support websites are evolving in the Australian Defence Organisation such as Puckaonline, a website specific to the Puckapunyal Military Area. Overseas forces including the USA, Canada and the UK have a myriad of family support web sites with respect to deployment and family readiness downloadable information such as Air Force Crossroads, Lifelines, Army Community Services and SSAFA. E-mail addresses could be captured as part of the family registration process as described in the previous chapter to complement and enhance existing communication modes.

A 'Centralized Deployment Support Agency should be established that coordinates, delivers and provides follow-up support.' was a recommendation arising out of the Canadian Department of Defence Op Kinetic study (Flemming and McKee 2000:35). Thus, the establishment of the NWCC in September 1999 at the outset of Operation Warden which predated this research could be viewed as a bold and innovative move. Given that the NWCC was created in a very short time frame it was not surprising that some participants reported difficulties at the commencement of INTERFET in receiving information packs or not having any knowledge of its role. The fact that the NWCC was circumvented on occasion with leaders preferring to make direct contact with rear detail staff, DCO or chaplains was also not surprising since resistance to change is not uncommon. However, what was concerning was that these difficulties were still occurring across the three services well into Operation Tanager. According to the Officer Commanding NWCC (personal communication 2003) Commanders can breach established procedures to resolve personnel matters rather than utilise the NWCC although this has improved as the NWCC becomes more widely promoted.

The NWCC was shown to have strengths and limitations during the deployment period. A number of non-deployed spouses and extended family members preferred to contact the NWCC because they were 'all in uniform' which was an interesting finding and highlighted a recurring theme that 'civilians don't understand us'. However, this was tempered by the contra-finding that other participants preferred to talk with someone they knew such as the local FLO or social worker rather than contact the NWCC for fear of a negative impact on their partner's career.

Mental health and wellbeing were a significant factor in this study for a number of spouses, children and adolescents remaining in Australia. Indeed, wellbeing or quality of life (Kahn and Juster 2002) declined for the majority of spouses during deployment. A number of spouses said they were diagnosed with depression for the first time in their lives after partners deployed whereas others had serious pre-existing mental health concerns such as major depression requiring hospitalisation. Indeed, depressive disorders are underdiagnosed (Cunningham and Zayas 2002) and combined with the cultural stigma of help seeking in military populations (Knox and Price 1999) it is possible more participants than were reported in this study had mental health concerns.

Depression has been described as an 'invisible disability' (Keigher and Jurkowski 2001), easy to miss and dismiss (Nelsen 2002:45), and more debilitating than diabetes, arthritis, gastrointestinal disorders, back problems and hypertension in terms of physical functioning (Claiborne and Vandenburg 2001). A body of research evidence suggests depressed mothers are less nurturant towards their children, may use more physical punishment, and that there is an increased likelihood of delays in children's language, social, emotional and cognitive development (Cohn, Campbell, Matias and Hopkins 1990; Seifer and Sameroff 1992; Zayas 1995; Field, Schanberg, Garcia, Vega-Lahr 1985).

The evidence of this study was that spouses diagnosed with depression generally managed alone and did not seek counselling assistance although spouses suggested they would have disclosed their needs to a DCO social worker if they had been contacted by telephone or home visit during deployment and they had confidence in the social worker. Women are twice as likely as men to have a depressive disorder and women between the ages of eighteen and thirty-four years of age have prevalence rates between eight and eleven percent (National Action Plan for Depression 2000). Further, an increased prevalence is found for women after childbirth (National Action Plan for Depression 2000). Significantly, one type of depression occurs via '...exposure to stressful experiences or significant adverse life events...' (National Action Plan for Depression 2000:3) which includes deployment. Clearly, early identification is required to better support such spouses and moderate any negative impact upon children. Thus a case management model needs to target younger women and women during pregnancy and after childbirth.

Deployed members recounted events during deployment that were clearly, or had the potential to be, classified as traumatic and would meet some, if not all the diagnostic criteria for post traumatic stress disorder. Some spouses were to discover or be told about these events when personnel completed their tour and returned home. News travelled quickly and several spouses heard about critical incidents on the news media before any formal notification.

There was evidence that non-deployed spouses wanted access to specialist mental health support services for children and adolescents or at a minimum information about how to manage any observable changes in behaviour. Commonly, participants believed DCO social workers had skills in this area of information provision and could conduct groups as well as liaise with schools.

The CRTA process crystallised the uniqueness and challenges of practice across the health and human services spectrum of service delivery in the Australian Defence Organisation. Effective communication must occur between the theatre of operations and Australia and between the family, commanders, chaplains, DCO social workers, the NWCC, health professionals and Defence Psychology across States and Territories and often after hours.

A significant finding was that the return of the member for whatever reason had an intense impact on the whole family. Families often felt like failures because they believed they had not been able to survive the rigours of separation and personnel felt guilty that they had 'let their mates down' and had not completed their tasks. Due to the inherent emotionality and worry in cases of CRTA, families required sensitive and coordinated care which was lacking on occasion. A case management model (Gursansky, Harvey and Kennedy 2003) is ideally suited to aspects of the deployment experience and will be outlined in detail in Chapter Six, Putting it All Together.

Although DCO was generally cited as doing outstanding work, participants felt DCO could improve its service during deployment. Examples included better marketing, telephone and face to face contact by trained staff, training for social workers, and better support for children and adolescents. An overriding theme was that spouses and personnel in this study wanted and expected DCO to contact the non-deployed spouse (and extended family) rather than 'wait for the wheels to fall off'. This finding contrasts with Flemming and McKee's (2000) Canadian study regarding the Kosovo deployment which found some personnel expressed dissatisfaction with Military Family Resource Centres contacting their spouses. DCO's capacity to undertake this task effectively was dependent upon adequate resourcing since its client base increased dramatically during the East Timor experience. Further, it was previously outlined that DCO's capacity to contact families was dependent on having family details.

A significant finding was the ways in which spouses and extended family members remaining in Australia developed their sense of personal control to counteract their loneliness and despair. Generally, how this informal support was achieved happened more by accident than design. Despite the fact DCO was to 'assist and encourage the formation of self help support groups' none of the respondents who became participants in informal groups reported significant involvement by DCO in establishing or maintaining such groups. Indeed, a number of participants who wanted to contact others and form such groups in their locality were told by DCO they could not provide such information because of 'privacy provisions'. No offer to contact spouses of partners who were deployed and ask them if they wished to be part of a self help network was made according to participants. This is not to imply DCO did not play a significant role in setting up groups although the evidence from this study suggests DCO could expand its role in this community development aspect of social work practice.

The efficacy of self help is well documented in the non-military (Roberts, Salem, Rappaport, Toro, Luke and Seidman 1999; Riessman 1990) and military literature (Black 1993). Indeed, the U.S Forces promote the concept of Family Readiness Groups (FRG's) as a primary function of unit level support. Spouses who became part of self help groups such as the PIT Crew took control of their lives which increased their sense of personal control and empowerment. As well as receiving support they gave support to others in the form of telephone contact, get togethers, child minding and, importantly, the sense of 'being in this together'. Mostly, these groups happened by chance when a unit had a morning tea or formed out of a pre-deployment briefing. Interestingly, the members of the group often did not know each other beforehand. Some groups met frequently throughout the deployment often at participants' homes. In general, the groups lasted for the duration of the deployment and disbanded after partners returned home. Participants suggestions for improving support in the future centred on enhancing contact with 'others in the same boat' and mechanisms to overcome perceived barriers such as privacy considerations.

Not only was face to face interaction with other spouses sought, the use of the internet by non-deployed spouses for mutual support was commonly cited. Many spouses felt that this medium could be developed further through chat rooms, bulletin boards and email. As well as information about deployment and checklists, spouses and personnel indicated that the capacity to form online communities may be effective:

*Whenever there is a major deployment whereby the people that have been left behind can access that and there's information on... anything. Anything that anyone wants to put on there. Like if I wanted to perhaps put my contact details on there and say, 'This is who I am, these are my interests, if anyone's interested in getting together.' You know, I like photography so I could put on there that one of my hobbies is photography and perhaps another spouse looking at the website could think, 'well I like photography too. It would be really fun to get together and start a bit of a group or whatever and go out and organise photography days. Not to have just every once in a while like a picnic organised or something like that but perhaps a community website for those kind of people and you can meet people through there that you have a lot in common with...(Anna, Air Force spouse).*

*..I think most people nowadays know how to run chat programs. There is a Java based chat room within the Defence Community Organisation website and just say on [www.defcommunityorg.gov.au](http://www.defcommunityorg.gov.au) we're going to be chatting about...It might be to do with the anxieties of being separated...there's a lot that could be done to exploit information technology because it is definitely the way of the future (Mitchell, Navy officer).*

To extend this concept further, the use of computer-mediated support groups (Wright 1999) is burgeoning and includes groups such as substance abuse, eating disorders, bereavement, and parenting. According to Wright (1999) such groups enable twenty-four hour access, anonymity and contact online with others when a face to face network is lacking which may mesh well with the needs of military spouses who have recently relocated or are socially isolated.

There is a strong role for DCO to play in establishing and supporting self help groups on the basis of findings in this study. Use of informal supports such as the groups highlighted that many people preferred these to contacting a professional such as a social worker because of the perceived stigma of being unable to manage their own problems. DCO's capacity to undertake such a role may be questionable in terms of resourcing although this is not the subject of this report. What is evident is that such groups are very effective for many people. Overseas military family research highlights the pivotal role of the Family Readiness Group and a vast array of training materials exist to support their functioning such as Operation R.E.A.D.Y. (Resources for Educating About Deployment and You 1998). Such packages could be adapted by DCO social workers in a train the trainer model.

The findings showed unit/base/ship support during deployment was of variable quality and consistency. A Centre for Army Lessons Learned Newsletter (CALL) (2001) highlighted rear detail personnel require resourcing and training for the role. Units that promised regular contact and home maintenance and failed to deliver were judged harshly by participants. DCO's role in supporting rear detail personnel needs to be strengthened through information provision, training of rear details staff in family support matters and linkages with ship's websites.



Recommendations for action are now made.

It is recommended:

1. The Defence Organisation promote and resource the use of internet technology to support families during deployment such as bulletin boards, online support groups and web sites to enhance communication.
  2. DCO Internet computers be available for this purpose and be more actively promoted.
  3. The NWCC capture e-mail addresses of families via the Family Registration database to enhance communication.
  4. Defence maintain freepost for personnel on operations.
  5. DCO's case management model screen and target pregnant women and mothers with children under the age of two years.
  6. CRTA cases be case managed.
  7. DCO provide practical case examples of the support it can offer during deployment (and all phases) via brochures, websites, information presentations and Defence newsletters.
  8. DCO take a more active role to assist in the formation of support groups and informal networks via its community development mode of social work practice and Family Support Funding Program.
  9. DCO explore the use of the internet such as computer-mediated support groups led by social workers.
  10. DCO provide more support to units such as provision of information, updates to ship's websites, and training of rear details personnel.
- A turning point for many participants in this study was the homecoming phase. Homecoming and post-deployment were to be testing times as families reunited with surprising discoveries for some.

# CHAPTER FIVE - HOMECOMING AND POST-DEPLOYMENT THEMES

## Relief Out of Country Leave

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Unlike personnel deployed as part of INTERFET, personnel deployed on Operation Tanager had an entitlement to Relief Out of Country Leave (ROCL) at the mid-point of their six month deployment which respondents spoke of as amongst the most difficult of times for themselves and their families, particularly young children. In essence, these respondents had two departures and reunions to manage. Spouses felt their newly established routines were disrupted with their partners' return and that they were ill-prepared although all said the 'benefits outweighed not having the leave at all':

*...but it did devastating things to our little boys because they were extraordinarily worried about me going, coming and going. They hated me going on the plane, I found that probably the most difficult thing about going ... That was by far the hardest thing (Geoff, Army officer).*

*...by the time it was getting to Gavin's break they were getting more stressed from being separated from their father so people... most people I spoke to about Gavin coming home, like people I knew within Defence would say "oh he may as well not come home, it would be more stressful for the kids". And I disagreed saying they're stressed now so what is the difference (Thelma, Army spouse).*

*For that week, getting us prepared for them to come back. We get no counselling we get nothing when he leaves and nor does he. He's shoved back into civilian life for seven days and is expected to go back over there for another three months, you know and its wrong (Jean, Air Force spouse).*

Some pre-school children who had begun to settle after the initial deployment were reported to be upset at their parent's departure again:

*...sleep disturbances lasted for a lot longer, probably four to five weeks instead of just the two weeks it took them to settle down the first time (Thelma).*

One couple were interviewed during relief leave which provided a unique insight. Kirsty an Army member had taken a removal to her parents in another State with the couple's 12 month old baby for family support. At the time of interviewing Nathan had been back in Australia several days. Nathan's recount highlights the concerns for him in resuming his partnering and fathering roles upon future return:

*... we're very strong, strong headed people, both being military... we have our own ways of doing things... when Kirsty wants to do something her way and I want to do it my way we just clash heads...I think for me to go back in a week's time and everything will be changed, he'll eat differently, he'll go to sleep differently and I'll have to learn it all again. And again I'm not going to want to be supervised.*

Like other respondents Nathan felt the relief leave was a 'double edged sword':

*...it's a double edged sword but having said that, the benefits outweigh the ... the pros outweigh the cons. I would have gone insane if I hadn't been told to do it. I mean I know it's hard down on the border and all that sort of stuff and doing the Infantry and the patrolling stuff, it's physical... yes there's a bit of mental but I mean mentally I was a spent force and I realised that about two weeks ago and I thought if I don't get out of here soon I'm just going to go on a shooting rampage, I'd start capping people.*

An additional criticism of relief leave was that time with loved ones was minimised by time lost in travel. ROCL has obvious implications for service providers such as DCO and this will be addressed in the final section of this chapter. Getting ready to return to home was an issue that personnel needed to consider and non-deployed partners had their own preparations to make which is the subject of the next section.

## Preparing

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A common theme in this study was that if the end date for the deployment was either unknown or dates kept on changing, participants were unanimous that this contributed to significant distress, resentment and anger since it was difficult to prepare 'psychologically and practically'. Particularly in the case of INTERFET, the end date was uncertain and changed frequently depending on service requirements and according to some participants, the idiosyncrasies of their command. Further, INTERFET occurred over the Christmas period and millennium celebrations which were significant markers for families. On the other hand personnel deployed as part of UNTAET generally had a set end date to deployment. For a small number of personnel who had only had field experience prior to East Timor and no overseas deployments such as Somalia or Rwanda, the period created considerable angst as Neville explains:

*A fair number of people, certainly not all that went to INTERFET were told like they had a three month or whatever, but there were a lot of people for which it was an uncertain period. And I'm certainly not suggesting there were only a few of us. There were quite a few where that was. And that's what made it completely different from most other service separations of at least our experience. If you go on an exercise, everyone knows when the ENDEX, the End Day is and you often hear you know, 'ENDEX minus 21'. People just counting down.*

Most spouses thought they were ill-prepared with information and personally for their partner's return from East Timor. Many spouses had kept secret a range of significant events that had occurred either personally or in their families such as mental illness and children's injuries so as 'not too worry their spouses unduly'. Two spouses had changed physically and lost over thirty kilograms in weight. Bernadette, an Air Force spouse worked in a bank which had had the unfortunate event of an armed robbery whilst her partner was deployed. Not unlike a number of spouses Bernadette kept this secret from Martin just prior to his return from East Timor as well as the fact she had moved Married Quarters:

*I think what started becoming more of an issue was, how was this all going to be when he comes home. And that became the, 'Oh my God.' You know, are we going to be able to live in the same house because I just became mother and father to the children and I made all the decisions and Martin didn't get consulted and then I actually started coming out with things that I hadn't told him. I think it was in about January I told him about the robbery in September.. 'Well you can't send them to the other address because we're not there anymore.*

Some personnel had responsibility for preparing their personnel for return:

*I know through my experience and I also speak to my fuselages. When they go home... you've been away for so long and the house runs differently, you're not in charge of the house. But our troops. I told them. "You've been away a long time, mum deals with things differently, don't go in there and start rearranging the furniture because it causes trouble". So I teach that.*

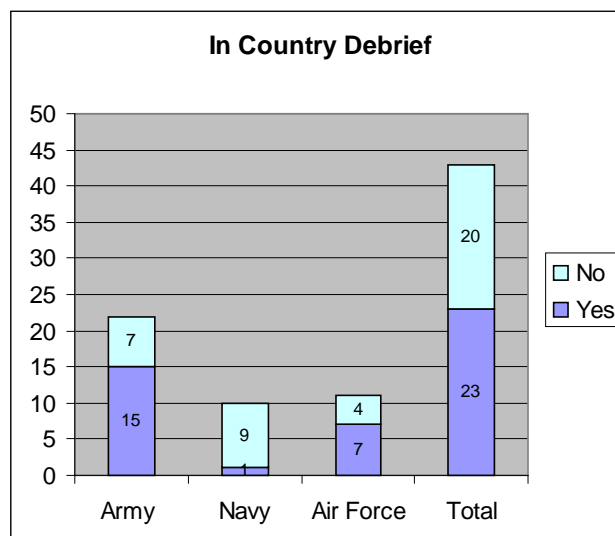
Approximately two weeks prior to return, personnel were to receive an in-country debrief by a Defence psychologist as well as a follow-up debrief between six and twelve weeks after return. Partners and next of kin were not afforded this opportunity.

## In-country and Follow-Up Debriefs

During INTERFET and UNTAET, personnel deployed were to receive a Return to Australia (RtA) debrief within two weeks before departure from the theatre of operations conducted by a psychologist from the Defence Force Psychology Organisation. Although the term 'debrief' has a variety of meanings and the ADF Mental Health Strategy is moving away from the term, this was the language used by participants and will be used here.

Figure 5 presents the numbers of personnel by service in this study who had a debrief prior to returning to Australia. Some personnel were excluded from this data if they were ineligible to receive a debrief due to CRTA or were at the mid-point of their tour. Although this data cannot be generalised to the overall population of deployed personnel, nearly half of deployed personnel in this study did not receive a debrief even though personnel deployed overseas in this operation were the first to have teams of Defence psychologists deploy with them. Only two navy personnel (officers) received a debrief of the ten navy personnel interviewed. Indeed, most navy personnel indicated this was not a requirement.

**Figure 5** Numbers of ADF Personnel By Service Who Received an In-Country Debrief



Respondents indicated considerable variations occurred in how debriefs were conducted and their content. Some respondents said they had individual debriefs whilst others indicated the debrief was conducted as part of a group. Several respondents stated they received a group and individual debrief. One respondent stated the debrief 'lasted all of five minutes' and another participant 'six hours':

*I did. It went for 6 hours... Well, I had to offload it somewhere and I had such a weight on my shoulders when I left Timor or when I was leaving Timor, that had I not offloaded it somewhere, in the hope that someone was listening, I probably would have been a stressed out mental case. Timor the country is not stressful. Timor the job is not stressful. Timor the OC I had was stressful.*

A number of personnel indicated the debriefs were wholly educational providing information about the likely changes personnel would confront upon return to Australia including their partner's independence and behavioural changes in their children such as rejection. This style of debriefing was preferred to ones where personnel perceived debriefers to be assessing them:

*...how you know your spouse is going to become more independent in your absence so you know you can't just step back in. The routine won't be the same because you've been away from the house, you feel as though things haven't changed at home. Of course things have changed for you because you're living somewhere totally different but you wouldn't expect or wouldn't feel as though the home life would have changed. So that was probably one aspect and it probably identified the fact that Anna will have gone through her own experience which you know in the back of your head but they can identify some of the aspects a bit better (Neville, Air Force officer).*

*I think one of the questions was, were you disappointed at not doing anything or is there something about the whole operation that disappointed you?... 'Yeah we didn't sort of get into contact.' You know everyone was sort of itching to get into a contact but yeah it never happened and I think they sort of sat back and thought, 'OK.' I sort of thought 'There's a tick in the black box for me in my psych evaluation' but nothing came of it but.*

Respondents had varying views about the value of debriefs. Despite these different views, most respondents thought the process should 'probably be retained'. Commonly, respondents seemed to be unsure of the purpose of the RtA debrief:

*You know it was pretty much open forum. You know it was basically I think more of a chance for you to spill your guts before you got home. Get it all in your head, straighten your head and all that sort of stuff. And they were very helpful and very good, the questions they asked were pretty true to what you were doing you know, there was no sort of bullshit questions...(Martin, Air Force).*

*I'm not sure what it really achieved. I spoke about my dissatisfaction with the particular incident but certainly as far as the rest was concerned I was quite happy and no there wasn't anything to be gained from my point of view. Other people spoke for a lot longer but from my own point of view, I didn't find it necessarily a great benefit. If something was done with the information then I would consider it of benefit but I'm not convinced that anything's ever done with any of the information (Chris, Navy, reservist).*

Personnel that did not receive a debrief felt this was because the system was overloaded due to a peak return home period over the Christmas/New Year period:

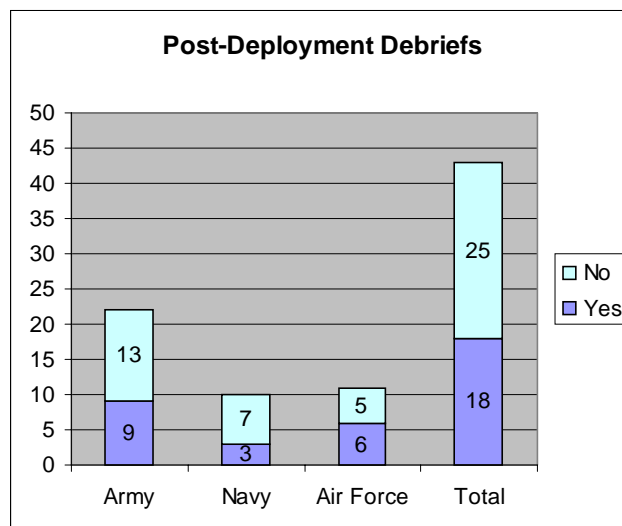
*They were there but they were too busy. There was such a movement in and out. I left after Christmas... They had a lot of people moving in and out of the country. And so there was a huge load of people leaving. It wasn't just me leaving. There were lots of people and they didn't have time...(Rick, Army SNCO, Op Warden).*

If deployed personnel were sceptical about the need for a debrief, their partners were unequivocal it was important.

*So you handled dead bodies, put dead bodies on planes and yeah it's not something that you do everyday...you said the smell. Have you ever smelled a person - a dead person that has been dead for five days..but I mean to him... that was just something he had to deal with. You know you weren't on the front line but in the end you were on the bottom line... the way they had to feel the body bag to feel which end his head was and I mean that's just not your work...you still saw what you don't normally get trained for in the RAAF (Jean, Air Force spouse).*

As well as a psychological debrief prior to return, personnel were expected to receive a follow up mental health screen in Australia in the three month period after deployment described by personnel primarily as 'a debrief'. Figure 6 illustrates the numbers of personnel by service in this study who received a post-deployment debrief. The data are not generalisable. However, personnel who received an initial debrief did not necessarily receive a follow-up and some personnel who did not have one in East Timor were required to or organised their own.

**Figure 6** Numbers of ADF Personnel By Service who Received a Post-Deployment Debriefing



Participants' responses highlighted confusion about whose responsibility it was to organise the follow-up debrief:

*They're supposed to find us. I was supposed to get... well I came back in October so my three month follow up debrief would have been December, January. I was supposed to have had an appointment made in about February, March and they cancelled and nothing has happened since and it's nearly July. Now that I'm back here. I've left (names unit). I'm not near the people I went to Timor with... I'm nowhere near, I'm not doing the job I used to do, everything is different. Everything is completely different. I'm in a new job in a new location 2000kms away (Simone, Army officer).*

*None. Its just like, once you're back in country, wash their hands of you (Ron, Air Force).*

Participants questioned the skill and experience of debriefers and some personnel felt it would have been better if content was service-specific:

*They go "it's come to our attention that you haven't had your post deployment psych debrief. We need you to make an appointment with one of our psychs just to dot the I's and cross the T's". Now this girl was very nice but the problem was she was exactly that. She was a girl. She was just out of Uni... Anyway this girl had pretty much no life experience and when you're dealing with something like this I think that's fairly important. She said "now look, I'm not in the services so I don't know what you've been through but this is what we need to do". And it was like it was a real chore (Patrick, Air Force, SNCO).*

*I did a debrief. The whole survey that the psych put you through was written for Army. You're sitting there looking at this psych that's on board at Garden Island, Navy, giving you Army and it's been written only for Army. I said "why haven't you done a Navy one?" (Natasha, Navy Officer).*

A number of participants had experienced previous debriefings that they believed had 'done harm' to participants and were sceptical of their worth. Paul had been involved in a rescue operation prior to East Timor and was pleased not to have to take part in any debrief:

*The reason I say that is because when we attended the plane crash... survivors, everybody was fine... Everyone was fine, going about their business. And we've done this and we got back to Cairns probably a month later and they decided that they'd get someone in to debrief us. Critical stress. And it probably brought it more home by having to talk about it because nobody wanted to. And then the cook in fact was the one who flipped. Once they started to try and debrief him, that's when he went to pieces but with this sort of thing. If he'd been left alone he might have been alright. But I don't know. That's not my field. That's just the way I look at it (Paul, Navy).*

One of the prominent themes regarding debriefs was participants' suggestions for providing opportunities for couples and older children to talk about their experiences after deployment which participants felt was a DCO social work role. Participants felt this would be optional although part of a whole 'deployment support package' and could be conducted individually, as a couple or family depending on perceived need of participants. This will be explored more fully in the final section to this chapter.

Overseas forces are grappling with finding ways of dealing effectively with operational stress which will be explored in the final section of this chapter. As with farewells, arrivals of personnel were characterised by emotional scenes and some unexpected events for a number of reuniting families.

# Homecoming Stories

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Interviewees were asked about their homecomings using open ended questions to elicit information flow. Several respondents asked for the tape to stop at this time as they recalled painful and hurtful events.

Homecomings were mostly accompanied by a sense of relief that personnel had returned safely and pride on the part of family members and personnel alike that both had managed a difficult experience. Underpinning this was a sense of uncertainty and apprehension. Participants described being overwhelmed:

*I think it's pretty normal that everybody goes through a "Oh God, are we going to be like we were before they left?" I think everybody goes through that but I think Timor was certainly a little bit different and when they come home it's like "Oh he's in one piece" you know and that is the main concern, that they're going to come home in one piece. But if he didn't then we would have had to have dealt with it then. I don't think we could have done anything that would have prepared us for the combination of emotions of him coming home, it was you know, all different things (Deanne, spouse).*

*You feel quite anxious actually. It's very strange, you do feel anxious. I don't know... well anxious because you know it's going to be emotional, the raw energy and you feel a bit anxious about that, you just sort of want to step around it to a certain extent, because it just becomes overwhelming. Not so much for the soldiers honestly, as much as the families. You can just see this whole expression coming up from them and it takes you aback...you sort of get knocked over by it. (Mark, Army).*

Homecomings often had a poignancy that reminded participants of the intergenerational legacy of war:

*And they had these staff cars ready to meet the Air Commodore, the Naval Commodore and obviously General Cosgrove and we were all part of the entourage and staff and whatnot. But it was the most... heartwarming thing... the bottom of the gangway of the Jervis Bay. There were five people standing at the bottom of the gangway, umbrellas inside out, soaking wet, obviously been standing there for sometime and the banner that they held was "welcome home from the Vietnam Veterans of Australia". And I will never forget that as long as I live, these five Vietnam Veterans stood there. I don't know for how long. They were soaked through and they felt so strongly that we got a welcome that they never got and that is something that I'll never forget (Jack, Navy).*

Although all ADF personnel returned as heroes, not all returned to fanfares. Some personnel were surprised that no one turned up to greet them. This was particularly the case for personnel deployed singly rather than part of a large contingent:

*I can remember getting back because we arrived in Brisbane and we'd heard about the big hullabaloo they'd put on for the rest of the Squadron when they came back... we were sort of getting on the plane thinking, 'I wonder if the media is all there and all our family is there?' And we walked out the door and there was no-one.*

Many subsequently attended parades and civic receptions with their loved ones which were proud moments for families. After the fanfares, there was a strong theme that ADF personnel weren't sure where they fitted in as veterans:

*Not that I went to any of them but in Sydney they had the welcome home parades and all the rest and personally I'm embarrassed. You look at like a Major I work with in at work. He's got thirty six, thirty seven years in the Army, couple of tours of Vietnam and all the rest of it. He earned what he's got... Rwanda, Somalia. Guys in at work, they've got the Active Service Medal but it wasn't good enough to get a Campaign Medal whereas we get the Campaign Medal as well and yet these guys were shot at every night you know, for the period of their deployment in Somalia (John, Army officer).*



Relationship and family difficulties that were hidden or communicated during deployment came to centre stage. Two homecomings resulted in couple separations of up to twelve months due to discovery of extra-marital affairs and other relationship difficulties. One marriage ended soon after return:

*Well it was interesting actually because I'd already decided to do so before we came back...we came in wearing ceremonials and my hands were shaking so much the other girls had to dress me...Yes, as we came back into Sydney harbour, and I knew then that I had to tell him and I wasn't going to tell him on the wharf but as it was he said "what's going on, tell me, I want to know now" and I'm saying "no, wait, wait" so I suppose we provided a bit of entertainment for the ship...*

Although participants felt they weren't prepared for homecoming they described the process of reintegration as intuitive. There was no 'single style' but a common element was 'knowing each other's needs':

*...a couple of times too I woke up thinking why hadn't I been woken up for picket. You know because you'd have your rests but also through the rests you'd have night watch, the picket of your patrol and I think a few times I woke up wondering where everybody was and why I hadn't been woken up for picket. It sort of takes a few. It felt like forever but I suppose it was probably only a few seconds that I was sitting there and, 'Hang on a minute. There's white walls. There's a doona. There's my wife. Oh yeah I'm back home.*

The elation of homecoming was short-lived as personnel and their families settled back into their lives together. A number of participants felt the separation experience continued to reverberate well after homecoming which leads to the next section, present mental health and wellbeing.

## Present Mental Health and Well-being

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At the time of interviewing families were asked to comment on their family, couple and individual functioning. Some personnel interviewed had only recently returned to their families weeks after deployment and for others it had been over twelve months since they returned. One member was interviewed at the mid way point of his six month tour. In one sense this reflection was a poignant moment in the interview for many participants as they assessed their lives and reflected on their experience.

The majority of ADF personnel and their partner's initial responses were that they were 'travelling OK' at the time of interviewing. Upon reflection, a number of returned partners were reported to have experienced or be experiencing nightmares, poor sleep, alcohol concerns, depression, suicidal ideation and ongoing difficulties in adjusting to living in their community. Irrespective of whether personnel had received a 'mental health screen', there was evidence that personnel had slipped through the net:

*...he's gone through a period of depression that he doesn't normally suffer from and he's just coming out of that now and he's been in that for about six months, really bad depression, that... he's never... we've been together for twenty something years, and he's not a depressed person, he just doesn't get depressed and yet he was in a real hole and I don't know whether it's to do with Timor or could be a whole range of issues but I've had to try and help him out of that (Jillian, spouse).*

A small number of respondents indicated alcohol use had increased after they returned to Australia. Graham, an Army senior NCO reflected on his wellbeing and alcohol consumption and attempts to justify the increase in the light of atrocities he observed in East Timor:

*No, what I saw over there I'll keep that personal because I think you probably know. I'll ask you a question, have you ever gone over anyway and dug up a hole to plant a pot plant and you bring up a skeleton? There was a lot of that going on over there. But it's OK to look at a skeleton when it's been dead for a long, long time, but when there's still flesh on it and jewellery and little girl stuff and when you've got kids sitting at home you know which country you're better off living in trust me. But you block all that out, you've still got your memories. Like my alcohol consumption went through the damned roof when I first got back, it's coming off now but that's not an excuse it's just I went from super to light beer and that's what I sit on now. No excuse but it's just nice to have a couple of beers when you get home and say "shit, I'm glad to be an Australian and you look at your kids and go. Yeah...it's true.*

All families that had been through crises such as 'compassionate return' during deployment were severely affected up to eighteen months after the family was reunited. One spouse was diagnosed with Post Traumatic Stress Disorder and was continuing to receive counselling. In the case of Ruth and Owen who was returned from East Timor since the couple's child threatened self-harm, the family sought reassurance from the researcher at the end of the interview 'that we're OK' suggesting the family had been shattered by their experience. Ruth assessed her family's situation:

*Well we did continue seeing that psychiatrist who was. All of us yeah because he thought we all needed sort of family therapy as in but he wasn't really the right person. We're going to go and see someone here actually because we've still got... just problems... in just our. We've gotta learn to back each other up better. Stuff like that where if we have some, because it is really affecting our family life...*

Anthony, a Senior NCO interviewed two months after return to Australia, was having nightmares and disturbed sleep according to both Anthony and his partner, Stella. Anthony captures the challenges that currently confronted him with a new baby, a recent relocation for his family and nightmares and a 'few other things':

*The changes for me are being a dad again for a newborn, that's the key change. And us trying to learn how to be... we're new parents again because of the huge gap between the kids. And the anticipation of coming home and a month later having this new born baby in my arms. Because I'm an infantryman I have been for want of a better term, brainwashed into being an aggressive individual and to switch off from being an aggressive individual to being a caring, loving dad is probably an exercise in will power itself. Going through nightmares and a few other things disrupted the way I thought. The balancing thing was of course the kids in East Timor helped me sort of tone that down a bit but still there subconsciously there's that aggression that needs to be gotten out and I used to be able to get rid of that by playing rugby and smashing people and being smashed. I don't do that any more, I'm a coach, I have to channel in a different way.*

Anthony alludes to the important issue of 'sorting out difficulties'. A common theme was that spouses were often the ones to seek help for their partners directly or for themselves to ameliorate the negative toll upon the family. Many had no awareness of the service continuum. Jillian was desperate one weekend regarding her partner's hopelessness and contacted a Veterans service:

*I said to him "you can go and talk to someone about it" and he said "no, no it'll be alright"... and I know that one weekend he was so bad that I rang up the Vietnam Vets Association because I believe that they do counselling and I just told them the situation I said "he is a very depressed person, saying that he hates his life and hates everything"...to see it affect everyone in the house and you can only sort of put up with it for so long... but when I told him that he went off his brain and he said "thanks a lot, now they're going to tell the Army... he said "no, I'll work it out myself"...he won't even talk to anyone about it...(Jillian)*

Spouses who had been diagnosed with depression during deployment reported their depression improved upon return of their partner. Children were reported to still be experiencing sleepless nights, night fears and worry when children thought their parent was going away again or actually deployed.

Most participants indicated their couple relationships were stronger after the deployment although some were in difficulty.

*We are intelligent enough and articulate enough to you know and honest enough, and sensible enough and we've been together long enough to work as hard as we can, but I have... I'm the kind of person you can nudge, nudge, nudge, nudge and that's basically what has been going on the whole time, but I have come up against a solid brick wall now and I just.. I can't... I've got as far as I can go without walking out, and I'm not the kind of person that gives up easily, so for me it's hugely, hugely serious. It's not just...There's lots of people "O I've had enough" .They go off all the time. They go off half-cocked and you think for goodness sake. Just work at it, which we've done and we've done and we've done but obviously it is much more serious.. (Madeline).*

A universal theme for participants in this study was that they had survived a difficult and life-changing experience which had a start but not necessarily a finite end.

*It's just different. It doesn't mean that it's worse, it's just different and it's on a different level. I think that we've had a really hard two years in the meantime. In some respects I don't think it had to be as long as two years but I think that through it all if we're still here at the end of the day then yes, it probably just made it better and stronger instead of making it weaker but it certainly has taken its toll in some aspects but I think not so much the three months that he was there but in the time, as a result afterwards (Chloe).*

Commonly, participants felt they were carrying 'inner pain and hurt' post-deployment which had not found a space to be unravelled. Many participants reported the research interview was the first opportunity they had had to 'unload' and that they found it 'very helpful'. It was evident there is a role for an organisation that has the sensitivity to engage since most respondents in this study wanted to talk more about their experience as Mark illustrates:

*For a lot of people it's a very profound experience but you don't get to talk about it as much as you probably should. Some of the issues, you know, when you talk about it with your family and friends, you're talking about the highlights, the good times, the interesting things you know, you're not talking about... you never talk about the sad things or depressing things, or what worries you or something how you feel, or how you think you're feeling and you don't really get to express that unless you get off your backside and go and speak to someone (Mark).*

Families With Special Needs as recognised by DI(G) PERS 42-5 were found to be as resilient as other families that managed the experience. Eight out of thirty-eight families met these criteria and four more would have been likely to meet the criteria for special needs. Indeed, several families received diagnoses of special needs such as 'learning difficulties' in children whilst their partners were deployed. Although families indicated the experience was 'not easy', most felt they lived with challenging and complex special needs issues on a day to day level. The main concern was getting the appropriate services for the family member with special needs which was an ongoing problem for a number of families.

DCO was to play a significant role in homecoming and deployment according to the DCO Operational Plan. Although this was not the case for participants in this study some themes are outlined in the next section regarding what participants had to say about DCO's potential role for them.

## DCO

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According to the DCO Operational Plan, prior to returning to Australia, DCO was to sponsor individual and group briefings with families and maintain close liaisons with Units, Senior Psychologists and Chaplains regarding debriefing issues. None of the seventy-six participants in this study indicated any involvement by DCO in any aspect of the homecoming experience such as individual or group briefings. Further, not one of the seventy-six participants indicated any involvement with any aspect of DCO post deployment. Most personnel did not understand what DCO could offer them post deployment:

*...well I really don't know what DCO provides for soldiers returned. So not knowing...you know like they may actually have things in place...*

However, participants made suggestions for how they believed DCO could enhance its service during homecoming and post-deployment and this will be presented in the concluding section of this chapter.

A central concern for the Australian Defence Organisation is how deployment impacts upon retention and future capacity to deploy. The non-deployed partner's readiness or preparedness to support a deployment is also an important factor in retention and the study also permitted a unique insight into couple's insights about the experience.

## Retention and Readiness in the ADF

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A common theme was that East Timor was seen as a transition point for ADF personnel and that the experience had impacted significantly on their lives both negatively and positively. The majority of deployed personnel expressed pride in their role in East Timor which appeared to drive their future commitment. Mark's quote is illustrative:

*I hate being away from my family but I'm duty bound what I need to do. And it's a point of who I am now. The Army is who I am. And I guess it's like our Olympic Games. I get to promote Australia in the wider community. I'm very proud to do that. I want to do that and I wouldn't ever change that and those experiences. You can't replace them because they're important now. They're a part of who I am and it's part of that... so there's no way that I would change the experiences, I would probably do them all again.*

Although a number of personnel indicated they were contemplating discharge, only one serving member stated he had undertaken the discharge process and was discharging in several months. Ivan was very satisfied with his military lifestyle and employment. However, due to not feeling supported effectively during his deployment when his spouse had complications with her pregnancy, Ivan had elected to discharge:

*It's forced me to discharge yeah. I was supposed to go on a, well right now I should be on a subject course for promotion and I just said no I don't want to go on it. I've put in the discharge and they said, 'well even though you're discharging you're going to become a reserve, you can still go on the course.' I said, 'No I don't want to go away from home. Not for two months.' They said, 'Well if anything happens...' I said, 'Yeah don't tell me if anything happens because you'll do nothing. I don't want to know about it'.*

Sole parents with children relied on the support of extended family to enable them to be deployable. Although the sole parents in this study had residency of their children they were reluctant for their children to live with the separated parent when they deployed. Harry a sole parent relied on his parents to care for his child when he deployed. The twelve months after deployment was a challenging time for him in returning to work and caring for his son who was anxious whenever Harry went away. However, Harry, an Army NCO felt that 'getting through the twelve months' was a turning point for him and that he was recommitted:

*Well when I got back I was I don't want to be here sort of thing and that's exactly what they said in the brief that you feel a bit worthless, you've been over there, you come back and you seem like you're doing everything for no point and that and I felt like that for a while and this year I've just been committed to it totally, I've been doing a lot of work at home.*

However, Harry had 'knocked back' redeployment to East Timor since he felt it was difficult to expect his family to care for his son for six months.

Janet separated from her partner shortly after returning from East Timor and was a 'sole parent' at the time of interviewing. Janet was finding navy life was 'taking its toll' on her children in particular as a sole parent and was aiming to transfer to the Air Force which she believed would enable her to continue her career which she enjoyed immensely:

*No just the fact that if I had a partner who could cope as a parent... and was supportive of me going away and the children were dealing well, then I would stay in the Navy. But I think that's probably a rare thing to find.*

Chris, a reservist officer and sole parent, had no intentions of leaving the service and post September 11 was facing the possibility of a longer deployment. Chris felt the main barrier to deploying was appropriate care for his children. He had been able to obtain the support of the children's grandparent during his short time in East Timor although was concerned about family law issues resurfacing:

*Well if I was to go overseas, to go to the Middle East it would be for a longer period of time so there would need to be some sort of support to see that the girls were happy and their mother would undoubtedly become involved somewhere along the line and that would create problems. It always does.*

Parents that felt their children had suffered due to repeated work separations were another group that were contemplative regarding future commitment to the ADF. Most felt their commitment was eroded as a result of the cumulative strain of postings and separation although East Timor wasn't necessarily the 'straw that broke the camel's back':

*Tempered with that, tempered with that, it has impacted yes on my commitment... to see how much my children suffered as a result of Geoff being away is causing me to rethink things. I'm looking at my ongoing career on a year by year basis. Thoroughly enjoy it but I'm prepared to give it up for the sake of the kids. I think it impacts too much. For this year we'll see how it goes, then if it doesn't work then I'll put in my resignation. And you know, Geoff's experience is part of that, they didn't cope with him away and it is a big worry for me to see how they're going to cope with mummy and daddy being away. I in that stage was the only stability. We'd done so many postings and so many moves that the only constant in their little lives was me and that was a big responsibility and I'm very keen to maintain it because I would like to be there for them. And if the service gets in the road of that then the service can jump...(Paula, Army officer).*

Personnel who had tertiary qualifications felt they had good prospects out of the ADF:

*I'm at a crossroads in my life now...I'll still find out what posting I'm going to get at the end of next year and I'll know that in July next year so I'll find out what job I'm going to get and if it's better than some of the jobs I've had previously then I'll stay in. At least I'm still going to give the army a chance but I am preparing to change careers...I now have skills that are a marketable quality whereas before I thought that I didn't really have any skills, even though I've done this course and I've done that course and I've been in this amount of time. I kind of wondered what I'd have to offer anyone else and now that I look back and I really add up what I've done so far I realise that I can market myself to other people and say "hey, I'm your man". So that for me has been liberating, to find that I'm competent in the field that I'm in. And I hadn't really realised that until I carried out the job that I was required to do overseas on operational service... So it's worth money, I mean I'm now worth money on the outside and that's also part of the attraction to maybe changing careers is to find out what I am worth and that's interesting. I find that's interesting (Nathan, Army officer).*

*I'm in a position where I will almost be finished my degree at that time... although I'm a corporal I'm the very senior corporal and I should be a sergeant but I've been away so much I haven't been able to do my sergeant's subjects... with my degree I'm a very saleable commodity so it was... okay.. bang... cut the ties... let's get out of here...Let's live. It was basically for the last eight years we haven't. We've existed, survived... up until recently... we're teetering now whether we are going to survive or not (Ross, Army).*

Officers and enlisted personnel that had career goals had a clear commitment to the ADF. Some, like Dean, were transferring corps to rekindle their career:

*And I've always said that after my command which conveniently ties in with my 20 years in the navy... we were in a position to sort of re-evaluate things and okay let's go and buy that little house on the coast somewhere and do something with it for having achieved the ultimate career goal in the navy. Obviously I could stay in for another 30 years and go up the tree a bit more and do other things.*

A number of spouses felt it would be almost too much to bear to go through another lengthy separation. Although universally expressing admiration and support for the East Timor deployment, the thought of another deployment was worrying: I'll probably go to a construction squadron... after that I'll either go to Sydney or Brisbane, after that probably... Townsville Darwin. I don't mind going to Darwin to see a bit of the country before I get out. Definitely eight years away yet...(Dean, Army NCO).

*I know for one thing that I don't want it to happen again. I think that's one of my biggest fears. I think it's worse now when Mark does go away for some reason (Mary).*

This chapter has presented homecoming and post-deployment themes. The final section discusses the significance and implications of the findings for policy and practice and makes recommendations.

## Homecoming and Post-Deployment – Discussion and Recommendations

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Unique to Operation Tanager was leave mid-way through the deployment which was a challenging time for families particularly with young children. Very little research has been conducted regarding 'relief leave' during deployment (Bell and Schumm 1999). Unlike previous research, there was no evidence of increased depression in spouses when personnel returned to East Timor. However, children reportedly experienced distress of a greater duration when their parent deployed again. Participants believed it would be valuable to have more education about the impact of relief leave in briefings and information packs as well as flexibility in the timing of leave.

Non-deployed and deployed partners made preparations for reunion in a context of changing end dates to deployment in the case of INTERFET which created angst when this was not communicated to many spouses. Although the return to Australia debrief conducted in East Timor was viewed with scepticism and limited support for its relevance, personnel that received educative material about 'homecoming issues' generally found this helpful.

On the other hand, spouses had little or no preparation such as reunion education which is an essential element of overseas forces family support. Spouses believed information provided in mail outs was useful but talking with someone knowledgeable prior to their partner's return was more likely to be effective. Participants felt this was a role for a social worker with appropriate knowledge and experience which is in line with Westhuis' (1999) perspective on military family social work support.

As mentioned separations and reunions are a feature of military family rituals and homecomings for these participants held significant meanings. Homecomings for INTERFET personnel were often large public welcomings whereas other personnel returned with little or no recognition.

Although couples reported a lack of education with respect to what to expect many described this time as 'intuitive' and reformation of families proceeded without too many difficulties. Unlike previous research (Pincus et al 2001) that suggested spouses reported a loss of independence upon return of their partner, spouses in this study both maintained their independence and were pleased to share their role with their partner.

Coupled with return of family members was the dissolution of support groups established during the deployment.

Marlowe's (2000) seminal publication provides an historical analysis of the psychological and psychosocial consequences of combat and deployment from Classical Times with an emphasis on the Gulf War. Marlowe (2000:xviii) argued:

*'...that the trauma of combat, high-stress environments, or **simply deploying to a theater of war** can have long-term physical and psychological consequences (emphasis added).*

Mental health and wellbeing were principal issues for all participants after deployment. Not surprisingly, a number of military personnel bore witness to devastation in the environment of East Timor, violence in the community, road trauma, body recovery, and combat resulting in death and injury. For some, events continued to be vividly re-lived through nightmares for some which was impacting on families.

Notably, personnel minimised the impact this had on them preferring to contain their 'atrocities stories' to themselves. Many had little opportunity to tell their stories particularly if they returned as individuals rather than part of a larger group. Spouses often learned of these traumatic events for the first time during the interview.

People who come into contact with someone who has been traumatised may experience the feelings vicariously and be traumatised themselves which is known as secondary traumatisation. Secondary traumatisation has been studied in military family populations (Soloman, Waysman, Levy, Fried, Mikulincher, Benbenishty, Florian and Beich 1992; Figley 1993). There was evidence in this study that secondary traumatisation may have occurred for some families. Further, intergenerational transmission of trauma across generations has been identified by researchers such that the children of 'trauma survivors' may carry the trauma into the next generation impacting negatively on their functioning (Courtois 2002). A number of families had evidently slipped through the service net or had not engaged with Defence's support services. A number of deployed and non-deployed family members were continuing to grapple with mental health concerns and its concomitants such as alcohol usage with little or no follow-up from any of Defence's services.

As has been shown, participants were reluctant to seek help for a variety of reasons particularly in the early stages after deployment although evidence suggested this may be more amenable with time. Significantly, however, participants would have been ready to accept assistance if it had been provided through 'matter of course' follow up by DCO which is a tenet of effective help-giving practice (Fisher, Nadler and DePaulo 1983). Many had no idea of the services available to them. Many participants viewed follow-up 'debriefs' as a 'tick and flick' exercise. The issue of debriefing after military operations is a complex one. Indeed, lack of mental health support after operations is the subject of litigation in several overseas forces including Canada and the UK.

The finding that participants believed DCO ought to provide follow-up with families post-deployment in the form of 'family consultations' has currency since this would complement and strengthen the early identification process through mental health screens conducted by Defence psychologists facilitating referral to specialist services if required:

*I do think the offer of psych counselling for spouses probably both during and after but as a formal kind of offer rather than just, 'Here's DCO, anything we can do to help?' ...so a formal offer of that would be beneficial.*

The findings have implications for the ADF Mental Health Strategy which is developing ways to better support personnel on operations and after deployment.



Family members need to be catered for in the strategy including children and adolescents.

One group that is likely to need ongoing management is 'compassionate return' (CRTA) cases. These families were likely to be traumatised since they had often experienced significant loss due to injury, serious illness or death. One spouse was diagnosed with posttraumatic stress disorder as a consequence of the experience. All indicated they had little follow-up and either had or were seeking assistance out of the Defence Organisation. Good practice dictates that social workers possess skill and knowledge in referring families to appropriate services if not available within the Defence organisation although there was little evidence this occurred.

DCO's role in homecoming and post-deployment support was surprisingly limited in this sample and may need to be strengthened. Most respondents had strong beliefs that DCO social workers in particular needed to demonstrate assertive outreach to clients rather than wait until a situation escalated into crisis. DCO has no articulated policy about this mode of social work practice which is one category of a case management approach (Gursansky et al 2003). Screening and targeting of clients with highest need will be required. Dee, a service spouse of an Army SNCO reflects the views of others:

*I really don't like the attitude of ... if people are having problems, they come to us. I really think that it has to be proactive. And the reason for that is because military people won't ask for help. Some do, I usually have to fall in a heap to do it but they sit back like me and like a lot of others partners and they'll say "no I'm fine, I'm okay". But as soon as you start to put things in place that they can attend or regular phone calls or whatever. I think that actually helps people out. I mean I even heard a comment recently that Brigadier's wives don't have problems. And that attitude really has to go. Because a Brigadier's wife is no different to me. You know, she feels exactly the same things as I do and that you know really has to be recognised that support doesn't have a rank...*

Since interviews were conducted retrospectively, this enabled participants to reflect on their experience and any decision to remain or leave the ADF. Indeed, one question posed by the researcher was, "What has helped to make you stay?" The findings suggested the decision-making process to actually discharge is far more complex than the frequently cited '...family separation is not only stressful but is one of the chief reasons married soldiers give for leaving the Army (Bell and Schumm 1999:117).' Weiss, MacDermid, Strauss, Kurek, Le and Robbins (2002:30) suggested particular environmental events, termed 'environmental shocks', may shift people into a cognitive process in which they think about staying or leaving an organisation. The authors suggest little is known about the environmental shocks a military member may face across a career or the relative effect of shocks created by the family. This theory resonates with the findings in this study that the majority of personnel were more contemplative regarding any discharge intention than prior to the deployment as a consequence of deployment and that non-deployed partners' perspectives were also significant in any decision-making process.

Unlike previous studies, this study found that family separation was not associated with lower retention. However, one serving member was in the process of discharging as a consequence of a negative experience as previously outlined although this was some ten months after return.

Evidence suggested that sole parents and dual military couples with children in particular were likely to find deployments difficult unless they had extended family support to care for their children. An interesting finding was that the small group of personnel (n=3) in this study who had served less than twelve months and were selected to deploy to East Timor were highly motivated upon return. This group was unusual for new enlistees since the ages of the members were over thirty years (one was granted an age waiver by the ADF) demonstrating that 'older recruits' may have much to offer.

Although most families managed the experience and 'bounced back' from the experience of separation, known as 'resilience', it needs to be recognised that resilience is not a fixed attribute, adversity is additive and resilient behaviour does not necessarily constitute wellbeing (Norman 2000:3-4). Such was the case for families in this study who, it could be argued were in a recovery phase well after the deployment.

An examination of the findings and conclusions to the NWCC Survey (Appendix 3) further substantiates the above findings in this study.

Recommendations for action during homecoming and post deployment are now made.

It is recommended with respect to homecoming and post deployment that:

1. DCO develop flexible ways of delivering reunion education using existing programs such as Operation READY, individual sessions and information packages.
2. Defence mental health policy includes family members in any post-deployment mental health support program.
3. DCO develop enhanced linkages with relevant organisations such as Defence Psychology, NWCC, Vietnam Veterans Counselling Service, the Australian Centre for Posttraumatic Mental Health, and Defence Health to identify personnel and their families requiring support post-deployment.
4. DCO strengthen its post-deployment mental health support in policy by a case management model that screens appropriate participants and provides tailored support such as family consultations, information and referral until at least eighteen months post-deployment.

Asking deployed and non-deployed respondents about their experiences has provided insight into the uniqueness of this experience in their lives. Critical issues that need addressing are how to translate the findings to complement and enhance existing service provision.

# CHAPTER SIX - PUTTING IT ALL TOGETHER - TOWARDS A MODEL OF PRACTICE

## Rationale for a Deployment Case Management Model

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The findings of the current and previous research are unequivocal that deployment is a challenging event in a family's life cycle. Although many families manage the experience adequately, some experience family breakdown and mental health concerns. A number of ADF personnel and their families who undergo the experience do not receive the assistance they require to ameliorate family difficulties since processes to identify families requiring support and intervene throughout the stages of deployment are lacking. The assumption that families requiring support will seek it is misplaced since there are many barriers to help seeking such as depression itself (Ciarrochi and Deane 2001). One structured approach to identifying, screening and supporting families that is extensively practised is case management.

Case management is practised widely in Australia and internationally in fields as diverse as homelessness, aged care, disability, corrections, mental health, family support services, vocational rehabilitation, Family Court and labour market programs (Gursansky et al. 2003; Woodside and McClam 2003; Rose 1992; Moxley 1989). Both the DCO and Defence Housing Authority currently practice case management in the Department of Defence. Although definitions are as diverse as the fields of practice and policy, one generic definition suggests:

*Case management is widely viewed as a mechanism for linking and coordinating segments of the service delivery system...to ensure the most comprehensive program for meeting an individual client's needs for care. (Austin 1993 cited in Gursansky et al 2003)*

A strengths-based, family centred case management model of practice, to be outlined below, is recommended to optimise support during all stages of a deployment. Strengths based approaches, familiar to social workers, are also known as outcome-based or solution focused approaches. The rationale and evidence for a strengths based family centred case management model is as follows:

- DCO is the primary organisation in the Defence Organisation that provides family support and the social work profession is well placed to assume the role of case manager. DCO already has experience in case management for next of kin of deceased members via DI(G) PERS 42-6
- Deployment impacts on families and personnel at a bio-psycho-social level leading to diminished mental health for certain groups with concomitant effects on other family members – case management is designed to service vulnerable groups and tailor support to their needs
- Supporting families in Defence is complex and requires spanning and managing of boundaries within and between organisations, Defence and non-Defence (Gursansky et al 2003) – case managers hold responsibility for coordination of the 'helping system'

- Strengths based case management has been shown to encourage clients to stay involved in treatment and receive appropriate services (Rapp, Siegal, Li and Saha 1998; Siegal, Rapp, Li, Saha and Kirk 1997)
- Case management optimises the use of informal and formal helping networks which is in line with the findings of the current project – eg to strengthen family links with self-help groups which have been shown to be very effective
- Case management is outcome-oriented which is in line with Quality Improvement Council standards which DCO is adopting
- ADF personnel and their families are resilient and strengths based approaches enhance resilience
- Currently there is no coordinated process in the Australian Defence Organisation that assists families to get the support they need during all stages of deployment and particularly after deployment. There is evidence families are slipping through the net and are ‘in the dark’ regarding the service continuum - case management takes a holistic stance

Case management is not a panacea and would be part of DCO’s holistic approach to deployment support. Groupwork, community work and traditional social work casework are important forms of social work intervention and would complement a case management model. The evidence of this study has suggested a strengthening of groupwork and community work functions by DCO will further support families during a deployment. When adequately resourced, a case management approach may assist social workers to respond to individual and family support needs with ‘...customised service arrangements.’ during all stages of deployment (Gursansky et al 2003:17).

DCO’s knowledge of its client base will ensure the model is tailored to the unique needs of the population it serves.

## **Deployment Support Case Management Model**

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There has been a proliferation of case management models across disciplines and settings although it is clear no single model suits or is intended for all client groups (Hall et al. 2002). To the writer’s knowledge the proposed case management model is the first of its kind in this setting to provide a framework to support both personnel and their families during all stages of a deployment.

Resourcing is not the subject of this report although some brief comments are made. A case management model needs trained staff and policy to legitimise its practice and confer worker authority. It may or may not be the case that case management will increase DCO’s client population. Case management is not necessary for all families. Rather, it is aimed at high risk families and CRTA cases in particular. DCO may need more resources to implement such an approach. However, DCO has an agency structure in place through its social work service that would complement the introduction of a case management model with some fine tuning. The primary concern is better outcomes for personnel and their families before, during and after deployment.

Figure 7 presents the model as a work in progress. The role of the case manager is as linker rather than therapist although developing a therapeutic alliance is crucial to convey through words and actions that the client is not alone and create a 'holding environment' in object relation terms (Winnicott 1987). The case management model is presented in conjunction with a deployment timeline and formal and informal supports as potential resources for family members. The supports are not presented in any particular order of importance and are presented as potential resources and other types may also be identified.

The model presents the core elements – intake, assessment, planning, implementation, monitoring and evaluation. Ideally, intake, assessment and service planning commence prior to departure of the member although in the context of a short lead time this will require a flexible approach. The model posits a reassessment of the family system post deployment and ongoing monitoring over time up to eighteen months after deployment since the current research and previous research has demonstrated mental health issues and its concomitants continue to be experienced well after homecoming threatening family dissolution (Marlowe 2000; Peebles-Kleiger and Kleiger 1994). The model is flexible in the sense it may be implemented at any stage of deployment.

A family centred strengths based model is proposed because it highlights achievements of the family unit, is solution focused rather than 'problem saturated' and outcomes-based. A theme in this study was that such an approach will mesh well with ADF families' action-focused perspectives on support:

*Informal Supports.*

*Get it together before it happens.*

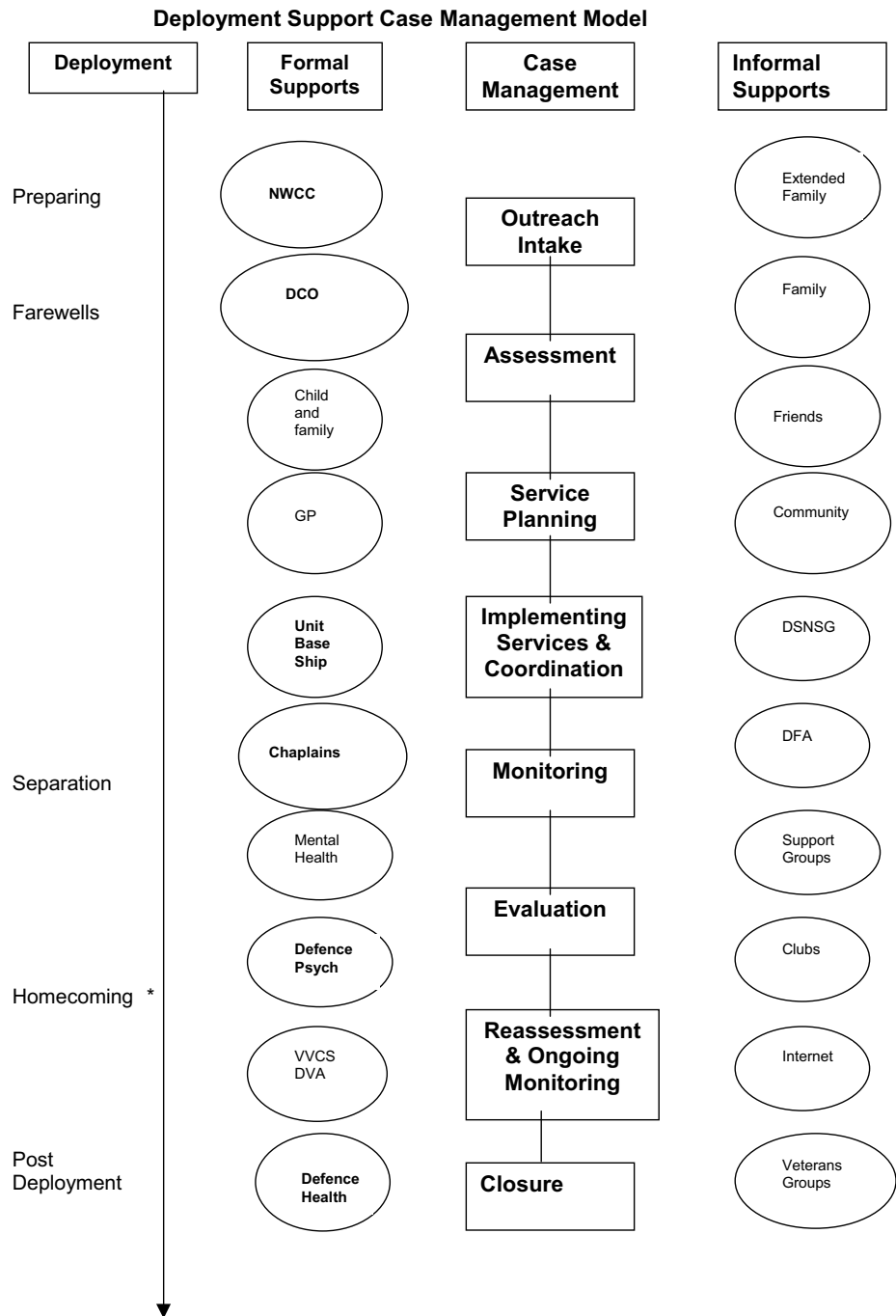
*See all they had to do was... alright we've got 6 RAAFies from Wagga right here, why don't we link them in with the Army people and they can at least get some kind of information.*

*The other thing I would actually do is right from day one have fortnightly meetings, if you can make it good, if you can't good, doesn't matter, but this is it, we'll have morning tea and that way you can discuss anything you need to know or we can tell you what we've found out.*

*Involvement with the kids and activities, things like that so they would be the two key things I'd suggest. Getting themselves involved with something, be it a hobby, the children, the children's' school and making sure the information is coming down from overseas in the deployment and to help that person deployed, making sure that they know what is going on at home. That everything is going well at home.*

The core stages of the model are now presented.

**Figure 7** Deployment Support Case Management Model



## Client Identification and Outreach

Attracting and screening possible users of the service, determining eligibility and providing information are components of this phase (Gursansky et al. 2003). This is a new function for DCO since it requires outreach work and a social marketing approach to foster help-seeking behaviour rather than waiting for clients to contact DCO. Creating marketing and promotional strategies that encourage timely and appropriate help seeking is important (Jones 2001). Indeed, a case management model is likely to be inherently marketable to military families since it is outcome-based and solution-oriented.

Assertive outreach is common practice in a number of fields of practice such as mental health and family support although there are views that it runs in opposition to a more traditional social work view that family self determination is paramount. In practice it is a proactive way to join and work with families and evidence in this study was overwhelming that ADF families expect direct contact and ongoing attempts to contact them. Thus, assertive outreach involves persistence and patience in contact and a combination of letters, phone calls and face to face contact to initiate support.

Identifying families who will most benefit from a case management model requires screening and intake criteria. Case management would be primarily targeted at the following:

- Young parents
- Presence of disability (including psychiatric disability) or chronic illness
- CRTA cases
- Socially isolated (often partners of individual reinforcements)
- Children or adolescents with challenging behaviours
- Dual military parents and sole parents' caregivers
- Families of personnel in high operational tempo units/individual reinforcements

Although pre-deployment is the optimal time to identify families that require a case management approach, personnel and their families may self-refer or be referred before, during or after deployment. For example, a family may request assistance with postnatal depression from the outset, a CRTA case may require case management during and after deployment and a family with special needs may require particular support during separation.

Peacekeeping operations should not present insurmountable difficulties for DCO with respect to identifying families in this phase since family information is obtainable from the NWCC. However, as cited better capture of family data is required such as health and wellbeing and potential exists for expansion of the database (OC, NWCC, MAJ Pakes 2003). However, operations classified as SECRET present challenges for DCO since the onus is on families to contact DCO which has been shown to be relatively ineffective in the case of East Timor.

A key practice aspect of this phase is orienting the service user to the case management process. The process is guided by the client's view of what needs to happen. The emphasis is on promoting the capacity of clients to identify their needs and obtain resources (Dunst and Trivette 1994). In addition, the approach needs to be marketed to potential referrers such as formal supports in Defence.

Documentation and an effective database is central to all phases but particularly intake (Gursansky et al. 2003).

## Individual Assessment

Assessment is an ongoing process that gathers information from as many relevant sources as possible requiring client consent and release of information.

Assessment is a complex process and client's informal networks which have been shown to be important in this study are often difficult to discern. Military families add a further layer of complexity since frequent postings can disrupt informal and formal support networks.

Moxley (1989:31-32) suggests assessment is needs-based, comprehensive, interdisciplinary, participatory, ongoing, systematic and is documented.

Ideally, families identified as benefiting from a case management approach would undergo assessment prior to deployment which would serve to alleviate the deployed partner's concerns about how the partner may manage the separation which was a common experience in this study. The findings of this study suggest ADF families will be more likely to utilise DCO services when it can offer them tangible outcomes that achieve something concrete which is supported by recent research by Boehm and Staples (2003).

The quality of potential informal resources is important rather than the support's existence. As evidenced in this study such resources may include informal support groups, friendships, other family members and the internet.

Assessment of the requirement for formal supports is vital and service matching to client's needs is important. In practice, this can be frustrating when needed resources are unavailable or not assessed as available. For example, in this study a number of respondents would have benefited from in-home disability support services to assist them which are often available through local Government and a referral is provided from a medical practitioner. Case managers often have access to service-specific funding such that services can be purchased for the recipient.

A myriad of strengths based family centred assessment tools exist which DCO social workers may utilise (Dunst and Trivette 1994) including the Family Assessment Device.

## Services Planning and Resource Identification

Documented service plans including goals, strategies, timeframes, troubleshooting and tangible outcomes are created on the basis of an extensive and comprehensive assessment (Gursansky et al. 2003). As the authors contend, client progress is more than the receipt of successive services and should address broader social functioning. In a perfect world deployed personnel would also be actively involved in this phase although time may limit this and plans are likely to be created with non-deployed partners.

Case managers require a detailed knowledge of the service system and this is a strength of social workers in DCO. A database of services is necessary and many exist in practice. One example is the Infoexchange Australia which has a Service Seeker website which enables services to be located across Victoria, Queensland, South Australia and New South Wales. DCO social workers have established information and referral systems in their localities. Figure 7 lists some formal and informal service areas that are potential resources in the Defence setting.



## Services Implementation and Coordination - Linking Clients to Needed Services

Ideally, services would be in place prior to or soon after farewells. Service coordination underpins case management and distinguishes it from traditional social work casework. One challenge is to create resources where none exist (Stroul 1995 cited in Gursansky et al. 2003). Case management requires creativity to link clients to resources and overcome challenges posed by users (Gursansky et al. 2003). As evidenced in this study, families often don't ask for help because they don't know what is possible. As an example, in this study one young mother who was exhausted during separation felt someone to assist her with bathing her newborn baby on occasion would have been supportive for her yet she had no family support and was loathe to ask a friend. This situation typifies a strengths approach since the mother identified her own solution during the research interview:

*...some days I just think, I wish someone would come around this afternoon and bath Leon for me. Or just, you know when you just think, the simplest things. Probably just to make people around you aware that you might need help even though you mightn't ask for it...*

The Australian Defence Organisation is labyrinthine and coordination requires worker knowledge, authority and collaboration to ensure services do what is intended. As mentioned, spanning boundaries intra and inter organisationally is often required. For example, an ADF member identified with mental health concerns post deployment is likely to require a package of individual assistance as well as family treatment which is often the neglected component as this study testifies.

Compassionate return to Australia cases are testament to the intricacies of service coordination in the Defence Organisation as evidenced by this study which found return of the member from East Timor for whatever reason had an intense and ongoing impact on the family unit and coordination was ineffective. A designated case manager is required to support the family in such cases.

Identifying and linking clients to social support networks such as self-help groups and consumer groups is an important function as this study has shown.

## Monitoring Services Delivery

Monitoring ensures supervision of service provision through client and service provider feedback and modification of service plans according to changing client needs. This is an important component and, as this study has demonstrated, ADF families want and expect contact which demonstrates 'someone understands and cares', a central theme of this study.

This stage crystallises the need for effective documentation since consent to obtain information from service providers is necessary to ensure progress is made towards desired goals.

In essence, monitoring involves determining the extent to which the service plan is being implemented, the achievement of the objectives, determining outcomes, and modifying if required (Moxley 1989).

## Advocacy

Although not outlined as a specific stage in the model, advocacy is an important role for case managers throughout in enhancing outcomes for clients when faced with inequities and social injustices (Gursansky et al. 2003). ADF families face challenges in accessing services. For example, a number of families with special needs in this study reported they had been denied service for their children.

Advocacy may require case managers to modify how a service responds to a client need. Further, families may not know how to go about finding information about their entitlements or they may be overwhelmed managing on their own. The Defence Special Needs Support Group (DSNSG) and Defence Families of Australia (DFA) are two pivotal organisations that may advocate for families as well as the case manager.

## Evaluation

A pivotal question for case managers is ‘...How well did it, and I, work’ (Gursansky et al. 2003:77). The authors contend progress evaluation guides ongoing practice whereas outcome evaluation measures the achievement of goals and what contributed to positive or negative outcomes. Evaluation determines whether the service plan has made a difference in the client’s life.

At the core of case management is support of the consumer and enhancement of wellbeing or quality of life in the context of the deployment/separation which involves inherent risks to wellbeing.

The model (Figure 7) is flexible in the sense a new entry point for some families may occur post deployment. Reassessment may also occur at this time to determine whether needs have changed for families who have been case managed throughout the stages of deployment. This phase of post deployment requires good linkages with ‘natural referrers’ such as Defence Health, medical, chaplains, units and Defence psychology to identify personnel with mental health concerns. Post deployment family interviews by DCO social workers as recommended in this study would also identify families requiring a case management approach.

## Summary

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The proposed case management model aims to provide:

- Ready access to services by families
- Assertive outreach
- A full range of services
- Individually tailored treatments
- Flexible programming
- Linkages among agencies supporting a family
- An emphasis on informal supports where possible
- A designated case manager who supports the family over different stages of deployment as required
- Active family participation in the process
- Flexible entry points throughout the stages of deployment but the earlier the better

Case management would complement a promotion, early intervention and prevention approach in line with the National Mental Health Strategy and ADF Mental Health Strategy.

DCO is the pivotal organisation in the Australian Defence Organisation to implement a family centred model and social workers are well placed to implement the model with adequate resourcing, training and policy legitimisation.

In concert with community work, groupwork, and social work casework, a case management model will strengthen DCO's armoury of support throughout deployment ensuring families requiring professional assistance receive it.

# CHAPTER SEVEN – CONCLUSIONS AND OVERALL RECOMMENDATIONS

The research set out with the following research aims and objectives:

## 1. Overarching aim

- Increase understanding of the experience of what it means to a deployed and non-deployed spouse to be supported through all stages of an overseas deployment.

## 2. Objectives

- Identify support needs during all stages of a deployment,
- Identify the strengths of and gaps in family support service delivery during all stages of deployment including DCO, NWCC, Psychology Support and chain of command,
- Create a model of service delivery that is likely to be effective in supporting personnel and their families before, during and after an operational deployment, and
- Provide recommendations for policy and practice to better support Australian Defence Force personnel and their families during all stages of a deployment in order to enhance operational effectiveness, retention, family functioning and wellbeing.

Given that the deployment of personnel to East Timor was the largest since the Vietnam War, The Australian Defence Organisation is to be commended for the quality of its support. However, seeking improvement is an ongoing concern in organisations and an important aim of applied research. Indeed, interviewees post September 11, 2001 expressed that support services needed to be even more finely honed to cater for the increased operational tempo.

The East Timor deployment provided experience for the ADF and service providers in a large-scale operational setting and ‘lessons learned’ continue to guide the army, navy and air force in current operations. DCO has conducted a ‘lessons learned’. It is important that ‘lessons learned’ from the participants themselves guide future support provisions.

The research project was unique in that this was the first research to attempt to understand the experience from the perspective of ADF personnel and their partners. A survey approach would not have generated the depth of data yielded in this research, for example. This project has demonstrated that a qualitative research approach and in-depth interviewing was very effective in describing, interpreting and explaining the parallel experience of personnel and their partners through the stages of deployment. INTERFET and UNTAET were epiphanies for participants in this study and the experience formed a part of and shaped people’s lives.

Evidence abounds that war-fighting and peacekeeping changes the ‘main actors’ in a number of ways and the present study is no exception. It can be concluded ADF personnel and their partners managed the experience well with benefits and costs for families and personnel alike. Pride in humanitarian work and career development were tempered by health and wellbeing concerns.

Personnel and their families were keen to talk about their experiences suggestive of an opportunity for a new research paradigm in Defence. Respondents indicated they were unlikely to respond to surveys and that interviewing them 'on their turf' and after hours enabled time to reflect. Indeed, a number of interviewees expressed that the research interview was their first opportunity to talk openly about their experiences and that the experience itself was cathartic. This was clearly not the purpose of a research interview and may highlight a lack of a legitimate setting to unburden their concerns.

ADF personnel and their partners had numerous insights to offer as consumers of services which is a program evaluation norm in many human service fields.

The further encouragement of a military family research culture in DCO and the Australian Defence Organisation as a whole will benefit Defence and develop greater knowledge for service providers and policymakers. An opportune time exists to host an inaugural military family social work conference with Australian and international researchers focusing on best practice in the context of Australia's involvement in previous and ongoing deployments.

A traditional social work practice paradigm of 'client self-determination' may be relatively ineffective in this practice setting, that is, that 'clients will come to us when they need us'. Contrary to popular belief, and paradoxically, ADF personnel are willing to accept assistance that is tangible even though they may not necessarily seek it. Indeed, this is one tenet of 'effective helping'. All participants in this study wanted contact during the separation period in particular and telephone assessment by a social worker needs to be a minimum practice standard for all families. A case management model would provide a unified way of supporting personnel and their families through a profound event in their lives. For most families a telephone call may be all that is required. For others, contact of varying duration and frequency will be required. The adage that support services are only effective if they are used takes on new meaning when the service providers maximise attempts to proactively outreach.

Significantly, evidence in this study suggested respondents perceived and experienced formal and informal support from their respective ADF communities in varying degrees. The PIT Crew provided evidence of a model that was effective for a number of families. This community work aspect of social work practice which military family researchers term 'community capacity' (Bowen et al 2000) may have many positive benefits for families and future research to examine this issue in greater depth is warranted. DCO may benefit from examining its practice in this domain of social work practice.

Support must be viewed holistically. Support is not a unitary phenomenon. 'One size fits no one' as one participant put it. The needs of individual reinforcements, single members, sole parents, dual military couples and couples with and without children are different and support mechanisms need to reflect this aspect. The evidence from this study suggested that it was the quality of relationships whether formal or informal and not the amount of support that was crucial. Further, children, adolescents and extended family members must be considered in any formal or informal support provision.

Importantly, the natural sources of help for ADF families were often informal and much needs to be done to accentuate this aspect. The evidence of this study suggested technological approaches such as online communities, enhanced websites and the internet have great potential in complementing other supports.

ADF personnel and their partners conceptualised support in a number of ways:

- Feeling understood and validated as well as ‘strategies’ – this was a central theme of participants especially targeted at social workers and Defence generally – respect, acknowledgement
- Defence doing its job of looking after their needs in return for a reciprocal commitment from the ADF member and family members –what the literature terms the ‘psychological contract’ although the term biopsychosocial contract is more inclusive
- An emphasis on ‘doing’ as well as ‘counselling’ – contact and follow-up
- Contact early in the deployment
- Information
- Communication
- Informal help – friends, family, groups
- Supporting extended family
- The relationship and confidence people had that their needs would be met when they sought help - sometimes there was only one window of opportunity
- For the whole family

There is a timely role for DCO to strengthen its deployment support function given the high operational tempo in the ADF. Deployment needs to be a program within DCO with goals, objectives, implementation plans, strategies, program indicators, outcome measures and capacity for program evaluation. Consideration may be given to elevating deployment support to program status by DCO to ensure ADF families receive support according to their needs.

Finally, there is still much to learn. For example, little is known of the extent to which family functioning and mental health is negatively impacted post deployment across the ADF service family community. Epidemiological studies of mental health would suggest this is likely to be significant particularly coupled with a major stressor such as separation. Quantitative studies are needed to determine this aspect of Quality of Life. Future qualitative studies could focus on the needs of particular units/bases or ships.

In concluding, the experience of deployment to a theatre of operation, separation of family members, and subsequent return, requires a system of coordinated and targeted care for most families to maintain their health and wellbeing.

Overall, it is recommended:

1. DCO elevate ‘Deployment Support’ to program status since it is a core business of DCO to ‘enhance Defence capability’ of which support to military operations and families is paramount. The program could include all operations and exercises in Australia as well as overseas deployments. A program structure is recommended that enables evaluation to occur.
2. A strengths based, family-centred case management approach underpin DCO social work practice through all stages of deployment to at least eighteen months post-deployment to complement a promotion, early intervention and prevention approach in line with the National Mental Health Strategy and ADF Mental Health Strategy. It is recommended the service target families with children under the age of two, sole parents, dual military families with children, Families With Special Needs, CRTA and other families as identified. The families of high operational tempo units and individual reinforcements need particular attention. It is recommended case managers have access to brokerage funds.

3. DCO convene an inaugural Military Family Support conference with international and national researchers with an emphasis on deployment.
4. The Australian Defence Organisation fosters a corporate culture of military family research.

In closing, Cara's quote is illustrative of a number of themes in this study:

*There was a story on, Australian Story on Channel 2 and it was months after it was on. And a friend had taped it and we had a girl's weekend and we watched it and I was a wreck. I was an absolute wreck because I'd never cried... I'd never cried the whole time and it's the first thing I thought. That's exactly what I was trying to say and my friends were sitting there going, "I understand what you were trying to say now." (added emphasis)*

# BIBLIOGRAPHY

- Albano, S. (1994), Military Recognition of Family Concerns, *Armed Forces and Society*, (20), 2, pp 283 -202
- Amen, D.J., Jellen, L., Merves, E., & Lee, R.E. (1988). Minimizing the impact of deployment on military children: Stages, current preventive efforts, and system recommendations. *Military Medicine*, 153, 441-446.
- Applewhite, L. W. and Mays, R. A. (1996) Parent-child separation: A comparison of maternally and paternally separated children in military families, *Child & Adolescent Social Work Journal*, 13, 1, 23-39.
- Austin, C. (1993) Case management: A systems perspective. In D. Gursansky, J. Harvey and R. Kennedy (2003) *Case management: Policy, practice and professional business*, Allen & Unwin, Crows Nest, NSW, pp. 6-7.
- Bell, D.B., & Schumm, W.R. (1999) Family adaptation to deployments. In P. McClure (ed.). *Pathways to the future: A review of military family research*, (pp. 109-132), Scranton: Military Family Institute.
- Bell, D.B., Stevens, M.L., & Segal, M.W. (1996) *How to support families during overseas deployments: A sourcebook for service providers*, U.S. Army Research Institute for the Behavioral and Social Sciences, Alexandria, Virginia.
- Bell, D. B., Schumm, W. R., Elig, T. W., Palmer-Johnson, C. E. and Tisak, J. (1993) *Helping Army families cope with deployments: Lessons learned from Desert Storm*, 101st Annual Convention of the American Psychological Association, Toronto, Canada.
- Black, W.G. (1993). Military-induced family separation: A stress reduction intervention, *Social Work*, 38(3), 273-280.
- Boehm, A. and Staples, L. H. (2002) The functions of the social worker in empowering: The voices of consumers and professionals, *Social Work*, 47, 4, 449-460.
- Bogdan, R. and Biklen, S. (1992) *Qualitative Research for Education: An Introduction to Theory and Practice*, Allyn & Bacon, Boston.
- Bowen, G.L., & Martin, J.A. (1998). Community capacity: A core component of the 21st century military community, *Military Family Issues: The Research Digest*, 2(3), 1-4.
- Bowen, G. L., Martin, J. A., Mancini, J. and Nelson, J. P. (2000) Community capacity: Antecedents and consequences, *Journal of Community Practice*, 8, 2, 1-21.
- Bowen, G. L., Martin, J. A., Mancini, J. and Nelson, J. P. (2001) Civic engagement and sense of community in the military, *Journal of Community Practice*, 9, 2, 71-93.
- Bowen, G.L. & McClure P. (1999), Military communities, In P. McClure (Ed.) *Pathways to the future: A review of military family research*, (pp. 11-34), Scranton, PA: Military Family Institute.
- Bowen, G.L. (1998). Effects of leader support in the work unit on the relationship between work spillover and family adaptation, *Journal of Family and Economic Issues*, 19(1), 25-52.



Brun, C. and Rapp, R. C. (2001) Strengths-Based Case Management: Individuals' Perspectives on Strengths and the Case Manager Relationship, *Social Work*, 46, 3, 278-288.

Caliber Associates (1993) *Study of impact of operation desert shield/storm on navy families and effectiveness of family support programs in ameliorating impact*, Contract Number: N00600-91-D-0364.

CALL (2001) *Family Readiness: Techniques and procedures on family support initiatives*, US Army Training and Doctrine Command, Fort Leavenworth, KS.

Campbell, L. (2001) *Primary Prevention of Psychological Morbidity from Australian Military Operations*, 101st Annual Convention of the American Psychological Association, Canberra.

Carroll, E. M., Rueger, D. B., Foy, D. W. and Donahoe, C. P. (1985) Vietnam combat veterans with post-traumatic stress disorder: Analysis of marital and cohabiting adjustment, *Journal of Abnormal Psychology*, 94, 329-337.

Ciarrochi, J. V. and Deane, F. P. (2001) Emotional competence and willingness to seek help from professional and nonprofessional sources, *British Journal of Guidance and Counselling*, 29, 233-246.

Claiborne, N. and Vandenberg, H. (2001) Social workers' role in disease management, *Health and Social Work*, 26, 4 November, 217-225.

Cohn, J. F., Campbell, S. B., Matias, R. and Hopkins, J. (1990) Face-to face interactions of postpartum depressed and nondepressed mother-infant pairs at 2 months, *Developmental Psychology*, 26, 15-23.

Commonwealth of Australia (1999) *National Statement on Ethical Conduct in Research Involving Humans*, AusInfo, Canberra.

Commonwealth Department of Health and Aged Care. (2000), *National Action Plan for Depression*, Mental health and Special Programs Branch, Canberra.

Commonwealth Department of Veterans' Affairs (2003). *Australian Gulf War Veterans' Health Study*. [http://www.dva.gov.au/media/publicat/2003/gulfwarhs/pdf/exec\\_summary.pdf](http://www.dva.gov.au/media/publicat/2003/gulfwarhs/pdf/exec_summary.pdf) [31 Mar 2003]

Commonwealth Department of Veterans Affairs (2001) *Towards Better Mental Health for the Veteran Community*, Canberra.

Coolbaugh, K. W. and Rosenthal, A. (1992) *Family separations in the Army*, U.S. Army Research Institute for the Behavioural and Social Sciences, Alexandria, VA.

Courtois, C. A. (2002) Traumatic stress studies: The need for curricula inclusion, *Journal of Trauma Practice*, 1, 1, 33-57.

Cunningham, M. and Zayas, L. H. (2002) Reducing depression in pregnancy: Designing multimodal interventions, *Social Work*, 47, 2, 114-123.

Daley, J. G. (1999) *Social work practice in the military*, Haworth Press, New York.

Deane, F. P., MacDonald, C., Chamberlain, K., Long, N. and Davin, L. (1998) New Zealand Vietnam Veterans' Family Programme, Nga Whanau a Tu (Families of War): Development and Outcome, *Australian and New Zealand Journal of Family Therapy*, 19, 1, 1-10.

Denscombe, M. (1998) *The Good Research Guide For Small-scale Social Research Projects*, Open University Press, Buckingham.

Department of Defence. (2001) *DI(G)PERS 42-5 Support to families with special needs*, Canberra

- Department of Defence. (2002) *DI(G)PERS 42-6 Defence Community Organisation support for next of kin of deceased members of the Australian Defence Force and the Australian Defence Force Cadets*, Canberra
- Dunst, C. J. and Trivette, C. M. (1994) *Empowering case management practices: A family-centred perspective In Supporting and strengthening families: Volume 1. Methods, strategies and practices* (Eds, Dunst, C. J., Trivette, C. M. and Deal, A. G.) Brookline Books, Cambridge, MA.
- Ender, M. G. (1995) G.I. phone home: The use of telecommunications by the soldiers of Operation Just Cause, *Armed Forces and Society*, 21, 3, 435-453.
- Ender, M. G. (1997) *E-mail to Somalia: New communication media between home and war fronts In Mapping Cyberspace: Social research on the electronic frontier* (Ed, Behar, J. E.) Dowling College Press, Oakdale, NY.
- Ender, M. G. (1998) The military family on the information superhighway, *Military Family Issues: The Research Digest*, 2, 2, 6-8.
- Eyre, D. P., Segal, D. R. and Segal, M. W. (1993) *The social construction of peacekeeping In Peacekeepers and their wives: American participation in the multinational force and observers* (Eds, Segal, D. R. and Segal, M. W.) Greenwood Press, Westport, pp. 42-55.
- Field, T., Schanberg, D., Garcia, R. and Vega-Lahr, N. (1985) Pregnancy problems, post partum depression, and early mother-infant interaction, *Developmental Psychology*, 21, 1152-1156.
- Figley, C. R. (1993) Weathering the storm at home: War-related family stress and coping In *The military family in peace and war* (Ed, Kaslow, F.) Springer, New York, pp. 173-190.
- Fisher, J. D., Nadler, A. and DePaulo, B. M. (Eds.) (1983) *New directions in helping: Vol.1 Recipient reactions to aid*, Academic Press, New York.
- Flemming, S. and McKee, B. (2000) *Op Kinetic Task Force Kosovo Quality of Life Update*, Department of National Defence, Ottawa, Canada.
- Ford, J. D., Chandler, P., Thacker, B., Greaves, D., Shaw, D., Sennhauser, S. and Schwartz, L. (1998) Family systems therapy after Operation Desert Storm with European-theatre veterans, *Journal of Marital and Family Therapy*, 24, 243-250.
- Ford, K. (2001) *Using Participatory Action Research in Quality of Life Measurement Among CF Personnel and their Loved Ones*, Department of National Defence.
- Frankel, H., Snowden, L.R., & Nelson, L.S. (1993). Wives' adjustment to military deployment: An empirical evaluation of a family stress model, *International Journal of Sociology of the Family*, 23(89), 89-115.
- Froland, C., Pancoast, D.L., Chapman, N.J., & Kimboko, P.J. (1981). In B.H. Gottlieb (Ed.), *Social networks and social support* (pp. 259-275), Beverley Hills, CA: Sage Publications.
- Gimbel, C., Coolbaugh, K. W., Croan, G. and Wright, M. M. (1997) *Readiness Outcome Measures for Family Centre Programs: Evaluation Strategy Final Report*, Caliber Associates, Fairfax, VA.
- Golan, G. (1986) *Crisis Theory In Social Work Treatment* (Ed, Turner, F. J.) Free Press, New York.
- Gravino, K.S., Segal, D.R., Segal, M.W., & Waldman, R.J. (1993), The evolution of peacekeeping as a military mission, In D.R. Segal & M.W. Segal (Eds.), *Peacekeepers and their wives: American participation in the multinational force and observers*, (pp. 1-14), Westport: Greenwood Press.

- Gursansky, D., Harvey, J. and Kennedy, R. (2003) *Case management: Policy, practice and professional business*, Allen & Unwin, Crows Nest, NSW.
- Hall, J. A., Carswell, C., Walsh, E., Huber, D. L. and Jampoler, J. S. (2002) Iowa Case Management: Innovative Social Casework, *Social Work*, 47, 2, 132-142.
- Hamilton, S. (1986) *Supporting Service Families- A Report on the Main Problems Facing Spouses of Australian Defence Force Personnel and Some Recommended Solutions*, Office of the Status of Women.
- Harris, J. J. (1993). Military social work as occupational practice. In P. A. Kurzman & S. H. Akabas (Eds.), *Work and well-being: The occupational social work advantage* (pp. 276-290). Washington, DC: NASW Press.
- Hay, M. S. (1993) *Army career transitions survey project update*, U.S Army Research Institute for the Behavioral and Social Sciences, Alexandria: VA.
- Hernandez, L. M., Liverman, C. T. and Greenlick, M. R. (1999) *National Centre for Military Deployment Health Research*, Institute of Medicine, Washington, D.C.
- Hill, R. (1949) *Families under stress: Adjustment to the crises of war separation and reunion*, Greenwood Press, Westport, CT.
- Hodson, S. E. (2002) *Key Predictors of Post-Trauma Symptomatology in Military Peacekeeping Veterans*, Macquarie University, Submitted for the degree of Doctor of Philosophy.
- Human Resources Division (2001) *90th US army regional support command family care plan resource guidebook*. <http://www.> [15 Jan 2003]
- Jans, N. A. and Frazer-Jans, J. (1989) *Facing up to the Future: Proposals for Career/Personnel Initiatives to assist in Staffing the ADF in the 1990's and Beyond*, Canberra.
- Jeffreys, D.J (1999) *Domestic Violence In Pathways to the future: A review of military family research*(Ed, McClure, P.) MFRI, Marywood University, Scranton, PA.
- Jensen, P. S. (1999) Mental health in military children: Military risk factors, mental health and outcomes In *Pathways to the future: A review of military family research* (Ed, McClure, P.) Military Family Institute, Scranton: PA, pp. 155-182.
- Jensen, P. S., Martin, D. and Watanabe, H. K. (1996) Children's response to parental separation during Operation Desert Storm, *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 433-441.
- Johnston, C. I. (2000) *The Psychological Impact of Peacekeeping Deployment*, The 42nd Annual Conference of the International Military Testing Association, Edinburgh.
- Jones, D.B (2001) Marketing psychological services: Using client problem and solution perceptions to design help offering promotional appeals, *Psychology and Marketing*, 18, 3, 261-279.
- Kahn, R. L. and Juster, F. J. (2002) Well-being: Concepts and measures, *Journal of Social Issues*, 58, 4, 627-644.
- Kaslow, F.W., & Ridenhour, R.I. (eds.). (1984). *The military family*, New York:Guilford.
- Kaslow, F.W. (ed), (1993). *The military family in peace and war*, New York:Springer.

Keigher, S. M. and Jurkowski, E. T. (2001) Life after a national nightmare: Coping with invisible illness and disability, *Health and Social Work*, 26, 4, 211-215.

Kelley, M.L., Herzog-Simmer, P.A., & Harris, M.A. (1994). Effects of military-induced separation on the parenting stress and family functioning of deploying mothers, *Military Psychology*, 6(2), 125-138.

Kluger, M., Rivera, N., & Mormile-Mehler, M. (2001), Defining and measuring program effectiveness at a mental health/social services agency, *Families in Society*, 82(6), 549-553.

Knox, J., & Price, D. H. (1995). The changing American military family: Opportunities for social work. *Social Service Review*, 69(3), 479-497.

Knox, J., & Price, D. H. (1999). Total Force and the New American Family: Implications for Social Work Practice. *Families in Society* (March-April), 128-136.

Lee, T. W., Mitchell, T. R. and Sablynski, C. J. (1999) Qualitative Research in Organizational and Vocational Psychology 1979-1999, *Journal of Vocational Behaviour*, 55, 161-187.

MacDermid, S., Olson, T.M., & Weiss, H. (2002). *Supporting Military Families Throughout Deployment*, Military Family Research Institute, Purdue University, presentation to Family Support Contingency Assessment and Planning Meeting, October 29.

Marie-France, G., Noah, P.S. & Usman, S. (2001), Health concerns of peacekeeping: A survey of the current situation, *The Journal of Humanitarian Assistance*, <http://www.jha.ac/articles/a067.htm>. [14 Feb 2002]

Marlowe, D. H. (2000) *Psychological and psychosocial consequences of combat and deployment with special emphasis on the Gulf War*, RAND

Marshall, M. R. and Deans, C. C. (2001) *Psychological Impact of Operational Deployment: Preliminary Findings*, The 43rd Annual Conference of the International Military Testing Association, Canberra.

McCubbin, H. I., & Patterson, J. M. (1982). *Study of Army families: Profile of family characteristics, stressors, coping strengths, and competencies*. Alexandria, VA: U.S Army Research Institute for the Behavioral and Social Sciences.

McCubbin, M. A. and McCubbin, H. I. (1987) *Family Stress Theory and Assessment: The Double ABCX Model of Family Adjustment and Adaptation In Family Assessment Inventories for Research and Practice* (Eds, McCubbin, H. I. and Thompson, A. I.) University of Wisconsin-Madison, Madison, WI, pp. 1-32.

Mc Nelis, P.J. (1987). *Military social work*. *Encyclopedia of social work* (18th ed. pp. 154-160), Washington, DC, National Association of Social Workers.

McClure, P. and Shaler, M. D. (1999) *Conclusion In Pathways to the Future: A review of military family research* (Ed, McClure, P.) Military Family Institute of Marywood University, Scranton, PA, pp. 327-331.

Minichiello, V., Aroni, R., Timewell, E. and Alexander, L. (1999) *In-depth interviewing: principles, techniques, analysis*, Longman, South Melbourne.

Moxley, D. P. (1989) *The practice of case management*, Sage Publications, Newbury Park.

National Institute Of Mental Health (1999) *Mental Health: A report of the surgeon general*, Rockville, MD.

Nelsen, J. C. (2002) Diversity as an influence on clients with anxiety and depressive disorders: What the responsible social worker should know, *Families in Society*, 83, 1, 45-53.

NHS Centre For Reviews and Dissemination (1997) Mental health promotion in high risk groups, *Effective Health Care*, 3, 3, 1-12.

Norman, E. (2000) *Introduction: The strengths perspective and resiliency enhancement- A natural partnership In Resiliency enhancement: Putting the strengths perspective into social work practice* (Ed, Norman, E.) Columbia University Press, New York, pp. 3-16.

Orthner, D. K., Bowen, G. L., Mancini, J., Pond, S. B. and Levin, D. (1998) *ACS Unit Services Strategy Progress Report: Final Assessment*, Caliber Associates and Orthner and Associates, Fairfax, VA.

Peebles-Kleiger, M. J. and Kleiger, J. H. (1994) Re-Integration Stress for Desert Storm Families: Wartime Deployments and Family Trauma, *Journal of Traumatic Stress*, 7, 2, 173-194.

Pincus, S. H., House, R., Christenson, J. and Adler, L. E. (2001) *The emotional cycle of deployment: A military family perspective*, *News From The Front! Sep-Oct 01*. <http://call.army.mil/products/nftf/sepoct01/sepoct01ch4.htm> [19 April 2002].

Pratt, V. (1994) *Report on the Review of ADF Personnel and Family Support Services*, Directorate of Publishing, Defence Centre, Canberra.

Rapp, R. C., Siegal, H. A., Li, L. and Saha, P. (1998) Predicting post-primary treatment services and drug use outcome: A multivariate analysis, *American Journal of Drug and Alcohol Abuse*, 24, 603-615.

Roberts, L. J., Salem, D., Rappaport, J., Toro, P. A., Luke, D. A. and Seidman, E. (1999) Giving and receiving help: Interpersonal transactions in mutual-help meetings and psychosocial adjustment of members, *American Journal of Community Psychology*, 27, 6, 841-868.

Rose, S. M. (1992) *Introduction: Case management and social work practice In Case management and social work practice* (Ed, Rose, S. M.) Longman, New York, pp. v-x.

Rosen, L. N., Teitelbaum, J. M. and Westhuis, D. J. (1993) Children's reactions to the Desert Storm deployment: Initial findings from a survey of Army families, *Military Medicine*, 158, 465-469.

RPR Consulting (2002) *Support to Families with Special Needs DI(G) PERS 42-5: 2nd draft practice guidelines*, RPR Consulting, Canberra.

Ryan, A. (2000) *'Primary responsibilities and primary risks': Australian Defence Force participation in the International Force East Timor*, Land Warfare Studies Centre, Duntroon, ACT.

Saleebey, D. (1996) The strengths perspective in social work practice: Extensions and cautions, *Social Work*, 41, 296-305.

Schmidtchen, D. (1997) *What Makes a Successful Peacekeeper: Australian Peacekeeper's Perceptions*, 39th Annual Conference of the International Military Testing Association, Sydney.

Schumm, W.R., Bell, D.B., Segal, M.W., & Rice, R.E. (1996). Changes in marital quality among MFO couples. In R.H. Phelps & B. J. Farr (eds.), *Reserve component soldiers as peacekeepers*, (pp. 395-408). Alexandria, VA: US Army Research Institute for the Behavioral and Social Sciences.

- Segal, M. W. (1986). The military and the family as greedy institutions. *Armed Forces and Society*, 13(1, Fall), 9-38.
- Segal, M.W. & Harris, J.J. (1993). *What we know about Army families*. (Special Report 21). Alexandria, VA: US Army Research Institute for the Behavioral and Social Sciences.
- Segal, D.R. & Segal, M.W. (1993), *Peacekeepers and their wives: American participation in the multinational force and observers*, Westport: Greenwood Press.
- Seifer, R. and Sameroff, A. J. (1992) Mother-infant interaction during the first year: Effects of situation, maternal mental illness, and demographic factors., *Infant Behavior and Development*, 15, 405-426.
- Shigemura, J. and Nomura, S. (2002) Mental health issues of peacekeeping workers, *Psychiatry and Clinical Neurosciences*, 56, 483-491.
- Siebler, P.N. (forthcoming). *The separation and reunion experiences of ADF personnel and their partners: The case of East Timor*, unpublished PhD thesis, Monash University
- Siegal, H. A., Rapp, R. C., Li, L., Saha, P. and Kirk, K. (1997) The role of case management in retaining clients in substance abuse treatment: An exploratory analysis, *Journal of Drug Issues*, 27, 821-831.
- Silverman, D. (2000) *Doing Qualitative Research*, Sage Publications, London.
- Smith, H. (1982) *Introduction In The Service Family: Problems and Prospects* (Ed, Smith, H.) Faculty of Military Studies, University of New South Wales, R.M.C. Duntroon.
- Soloman, Z., Waysman, M., Levy, G., Fried, B., Mikulincher, M., Benbenishty, R., Florian, V. and Bleich, A. (1992) From front line to home front: A study of secondary traumatization, *Family Process*, 31, 3, 289-302.
- Stroul, B. (1995) *Case management as a system of care. In Case management: Policy, practice and professional business* (D. Gursansky, J. Harvey, and R. Kennedy) Allen & Unwin, Crows Nest, NSW.
- Sutker, P. B., Uddo, M., Brailey, K., Allain, A. N. and Errera, P. (1994) Psychological Symptoms and Psychiatric Diagnoses in Operation Desert Storm Troops Serving Graves Registration Duty, *Journal of Traumatic Stress*, 7, 2, 159-171.
- Teitelbaum, J. M. (1992, April) *ODS and Post-ODS Divorce and Child Behaviour Problems, Paper Presented at the Office of the Secretary of Defense Family Research in-Progress Review*, The Pentagon, Washington, DC.
- Twiss, P. (1999) *The future of military housing In Pathways to the future: A review of military family research* (Ed, McClure, P.) MFRI, Marywood University, Scranton, PA, pp. 35-66.
- United Nations (2002) *United Nations Fatality Statistics* <http://www.un.org/Depts/dpkp/fatalities/totals.htm> [19 June 2002]
- U.S. Department of Defence (1992) *DoD Report on Title III of the Persian Gulf Conflict and Supplemental Authorization and Personnel Benefits Act of 1991 Family Policy and Programs: Persian Gulf Conflict*.
- Van Breda, A. D. (1999). Developing resilience to routine separations: An occupational social work intervention, *Families In Society*, 80(6), 597-605.

- Van Vranken, E. W., Jellen, L. K., Knudson, K. H. M., Marlowe, D. H. and Segal, M. W. (1984) *The impact of deployment separation on Army families*, Walter Reed Army Institute of Research, Washington, DC.
- Ward, D. (1997) *Psychological Effects of Military Service in Rwanda with the Second Australian Contingent (ASC2)*, 39th Annual Conference of the International Military Testing Association, Sydney.
- Weiss, H. M., MacDermid, S. M., Strauss, R., Kurek, K. E., Le, B. and Robbins, D. (2002) *Retention in the armed forces: Past approaches and new research directions*, Military Family Research Institute, Purdue University.
- Westhuis, D. J. (1999) Working with military families during deployment In *Social work practice in the military*(Ed, Daley, J. G.) Haworth Press, New York.
- Winnicott, D. W. (1987) *Home is where we start from: Essays from a psychoanalyst*, Pelican, London.
- Wolpert, D. S., Martin, J. A., Dougherty, L. M., Rudin, B. J. and Kerner-Hoeg, S. (2000) The Special Case of the Young Enlisted Family In *The Military Family: A Practice Guide for Human Service Providers* (Ed, J.A. Martin, L. N. R., L.R. Sparacino) Praeger, Westport, pp. 43-54.
- Wood, S., Scarville, J. and Gravino, K. S. (1995) Waiting wives: Separation and reunion among Army wives, *Armed Forces and Society*, 21, 2, 217-236.
- Woodside, M. and McClam, T. (2003) *Generalist case management: A method of human service delivery*, Thomson, Brooks/Cole, Pacific Grove, CA.
- Wright, K. B. (1999) Computer-mediated support groups: An examination of relationships among social support, perceived stress, and coping strategies, *Communication Quarterly*, 47, 4, 402-414.
- Zayas, L. H. (1995) Family functioning and child rearing in an urban environment, *Journal of Developmental and Behavioral Pediatrics*, 16, Suppl, 21-24.

# APPENDIX 1

## Interview Schedule

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Interview Number.....

Date.....Time.....

Place of interview.....Contact Details.....

Interviewee's  
name(s).....

Family  
Pseudonym(s).....

.....

### CHECKLIST

- MIC ON
- CONSENT FORMS SIGNED
- COPIES OF CONSENT FORMS PROVIDED

### INTERVIEW SCHEDULE – SOLE PARENT, COUPLE/CAREGIVER, SINGLE MEMBER

**Introduction** - I would like to thank you very much for agreeing to take part in this interview. I want to emphasise that your name and address will not be identified in any way with anything you may say in this interview. A pseudonym, which you may choose, will be used in writing up the results and nothing you say will effect your career or access to appropriate HealthCare or service through the Defence Community Organisation.

Before we begin, I would like to say that what I am most interested in is your experiences and your knowledge and views about these experiences. Although I have developed some questions that I feel might be helpful in exploring these issues, please feel free to talk about any experiences, as they arise, that you feel are important.

The purpose of this interview is to conduct research. Some of the questions may seem farfetched, silly or difficult to answer, the reason being that questions that are suitable for one person may not be suitable for another. Since there are no right or wrong answers, don't worry about these just do the best you can. Feel free to interrupt, ask clarification or criticise a line of questioning.



As you know I am doing this research for a PhD in social work to hopefully help DCO understand the needs of personnel and their families better during all stages of deployment. The research is approved by both ADHREC and Monash University. I have worked for DCO for three years and take my work seriously. I enjoy working with military families very much and this PhD grew out of my practice in Defence. This topic about separation during the East Timor deployment has evolved over two years. As well as being a social worker I am a clinical family therapist and qualified child and family mediator and my practice interest is 'the family' in all its shapes and forms.

Do you have any questions before we start?

**General Information** - Firstly I'd like to get some background information (member and partner if appropriate).

1. Serving member -Name of Operation deployed on-  
Operation Warden  
Operation Tanager  
Other

2. Date (month and year) of deployment-  
So you deployed \_\_\_\_ months ago?

3. Date (month and year) you came home-  
So you have been home \_\_\_\_ months? Length of deployment? \_\_\_\_ months

4. Your role in East Timor?

5. Family Type? Can you tell me how you identify as an Army/Navy/Air Force family? (Probe-Belonging to unit/base/ship, lifestyle, strong, ambivalent identity)  
Dual military career with dependant(s).....  
Sole (serving) parent with dependant(s).....  
Military member, civilian partner.....  
Single.....

6. Gender of deployed ADF member  
Male  
Female

7. Relationship statusYears

Married

Defacto

Separated/Divorced

Single

8. Couple -Please tell me about the age and gender, and any Special Needs of each child living with you beginning with the oldest

Age M F Special Needs

Eldest

2<sup>nd</sup> child

3<sup>rd</sup> child

4<sup>th</sup> child

Do you have any children living elsewhere? With father or mother, relative?  
Location?

9. Age group of participant(s)

18-24

25-31

32-38

> 39

10.Rank Equivalence

PTE

JNCO

SNCO

LT-MAJ

LTCOL and above

11.Service

Army

Navy

Air Force

12.Are you -

Reservist

Regular service

13.Years of Service

0-5 years

6-11 years

12-17 years

18-23 years

>24

14.Education- Level of Participant(s)

Some High School

Completed Year 12

TAFE

Diploma

Degree or Higher

**Now I'd like to talk with you about your experiences before deployment.**

**PREPARING FOR DEPLOYMENT**

15.To Couple- What were your initial reactions to hearing news that you were to be deployed? (To partner- Your reactions? Children? Extended family?)

Probe- Emotional reactions, was spouse told?

16.To Couple - Can you tell me about previous experiences of being apart due to service life?

(Probe – duration, type)

17.To couple- Could you tell me about the amount of notice you were given of your deployment and arrangements that needed to be made? (Probe- discussions with partner/extended family, finances, legal, schooling, place for children/ spouse to live, previous deployment experience)

18.To Couple - Could you tell me about how effective you think the arrangements were and the types of assistance you found helpful or would have found helpful before deployment? (Probe- Unit/Base/Ship support, family, friends, DCO, Legal Officer, Chaplain, financial considerations, Family Care Plan)

19.To couple - Could you tell me about your greatest worries, concerns or stresses before deployment occurred? (Probe- children's needs, special needs, employment, coping on own, fear of death/injury)

20.To couple - Could you tell me about the types of arrangements that needed to be made for the care of your children? Where did your children go while you were deployed? (Probe- Family Care plan, decision to stay/leave area)

21.To Couple - Could you tell me about any pre-deployment briefings or other presentations you may have received with respect to family issues? (Probe- DCO briefings, other)

22.Looking back, could you tell me about the types of information or presentations that may have helped you and your family manage more effectively with deployment?

I would like to talk about your time apart, now, the actual deployment.

## **DEPLOYMENT**

23.Could you tell me about the arrangements that were made for farewells? (Probe- unfinished business, relationship/ family concerns, complications, where family to reside)

24.To serving member - What were your reactions when you went into East Timor? Probe – What did you see? How did you feel? (To partner- Is this news to you?) Did you communicate this to your partner at the time?

25.To Partner -What exactly did you do in the first days or weeks following deployment? Probe – Different than normal? What exactly did you feel in the first days or weeks following deployment? Different than normal? Others reactions? Probe – sadness, despair, freedom? To what extent was your partner aware of your experience? To Member – Is this news to you?

26.To Partner -Could you tell me about individual and family reactions, thoughts, behaviour and feelings experienced during deployment?

(Probe – partner, child(ren), extended family, other significant members)

wellbeing, grief, emotional, medical, child behaviour, fears of death, illness, injury, living with each other's absence/loss

Impact of the media? Major incidents reported by media? Witnessing death, horror? Being threatened? Handling bodies? Seeing destruction?

Feeling overwhelmed? Powerless? Spillover of feelings in family?

Trouble sleeping? Nightmares? Headaches? Crying? Loss of interest in normal activities? Suicidal? Positive behaviours?

27.To Member- Is this news to you? Can you tell me about your thoughts, behaviour, feelings during the deployment? Different than normal? How?

28. Could you tell me how you managed individually and as a family unit during deployment? (Probe- personal strategies for coping, use of services, family, friends, rear detachment, support groups, DCO, including-)

Who coped best? Least?

What were your top two strategies for coping?

Confronting loneliness/isolation versus maintaining /catalysing personal growth?  
Keeping the other 'in their head/heart' –How?

29. To couple- Could you tell me about your knowledge of DCO services during deployment? (Probe- support groups, Information Pack, social work intervention, FIND, FLO contact) including-

Use of DCO?

Opinion of DCO's services

Devil's advocate qn- Some personnel won't go near DCO for a range of reasons- confidentiality, choose to deal with difficulties on their own. How about you?

What is different/same for you?

30. Suppose there had been an emergency in the family. What would you have done? Who would you have contacted?

31. To partner- Could you tell me about how effective the National Welfare Coordination Cell (NWCC) was for you during deployment? (Probe- knowledge, use, information provision) including

Strengths

Limitations/concerns – Primary and secondary NOK contacted? Information Pack, adequate? What would have been ideal for you?

32. Could you tell me about the effectiveness and nature of communication during deployment? (Probe- telephone, e-mail, videocassettes, mail, internet café, sorting out problems overseas, including –

Helpful/unhelpful for children, partner between countries? Stresses?

Worrying? Negative/positive effects on work and family?

Timing – Dealing with problems at home

33. How would you describe the high/low/turning points of the deployment?

Probe – emotional highs and lows

## **HOMECOMING**

34.(UNTAET) Can you tell me about RTA mid-way during deployment?

Probe –

Strengths

Limitations

35.To Couple - Could you tell me about the preparations you made for final reunion? (Probe- Psych. briefings overseas, household)

36.Could you tell me about your reunion experiences? (Probe- relationships, children, ritual) including-

Emotional reactions

Anything unexpected?

Thoughts

Difficulties

Positives

## **POST-DEPLOYMENT**

37.What opportunities have you had to talk about your individual and family experiences since return to Australia? (Probe – Unit/Base Ship, friends, family, public speaking, feelings about this, listened to, understood, public homecoming)

38.It is now .... months since return to Australia. Could you tell me about how you think your work and family life is now? (Probe- mental health, non-routine visits to RAP or Military Hospital, visits to GP's, schooling, child behaviour, relationships, coping behaviour, performance)

**We are nearing the end of the interview, now. I have a few questions to go.**

39.Suppose you were asked to design a family support program for personnel and families who have undergone similar experiences to yours. What would such a service look like? (Probe- best advice to a friend in similar circumstances, counselling, information, programs, credibility, best practice, help-seeking men/women and impact on career) including-

Unique needs of service families, Navy/Army/Air Force

What can each service offer the other in terms of knowledge about separation

Current gaps that can be fixed

40. Looking back, what has been the impact of the deployment on you as people? (Probe- emotional, financial, discoveries, learning, fathering, mothering, parenting, couple commitment, horror, trauma, including –

What/Who/ has changed? How? Relationships with partner/children?

With family members? The service? Alcohol/drug taking?

Will life ever be the same? How? How would you describe the effects of what you have seen? What is unforgettable? Unspeakable? Views on life? Society?

Commitment to ADF? Marital problems or enhanced commitment?

Serious health problems?

41. Upon reflection of all we've covered today, what was the best part of the experience for you, as a family, as a couple? What was the worst experience? If you had your time over again what would you like to change?

42. What would you like to hold onto as a memory? If you had to describe the essence of the experience what would it be?

43. In closing, are there any questions that you would have liked me to ask that I haven't asked?

**I would like to thank you for taking part in this interview. If there has been anything in this interview that has caused you distress in any way I can provide you with a list of qualified social workers. Thank you.**

# APPENDIX 2

## Itinerary of Visits

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### Victoria

Between March and December 2001 – Puckapunyal, Simpson Barracks, RAAF Base Laverton, HMAS Cerberus - sixteen interviews

### Townsville

19 April – 23 April 2001 – three interviews

### Cairns

22 April – one interview

### Canberra

24 May – 26 May 2001 – one interview

### Perth, Rockingham, Bullsbrook

8 June – 12 June 2001 – five interviews

### Sydney, Richmond

3 July – 9 July – 2001 – four interviews

### Cairns – HMAS Cairns

27 July – 29 July 2001 – two interviews

### Townsville

29 July 2001 – one interview

### Darwin

9 August 2001 – one interview

### Katherine/ RAAF Base Tindal

10 August – 13 August 2001 – three interviews

### Brisbane/Amberley

24 September – 2 October 2001 – five interviews



## Canberra

23 November – 24 November 2001 – two interviews

One telephone interview was conducted with a non-serving spouse residing in Canberra on 5 February 2002. Unfortunately, this participant was not available when I interviewed her partner during the above period.

## Adelaide

30 November – 2 December 2001 – one interview

# APPENDIX 3

## Secondary Data Sources – NWCC

**Table 5** NWCC Statistical Analysis as at 24 Jun 02<sup>1</sup>

WELFARE CASE ANALYSIS					
Case notes raised; welfare issues - referral to DCO Social Worker, Chaplain or Psych unit					
Class	Case Type	99-00	00-01	01-02	Totals
A	Notification of Hospitalisation	18	25	56	99
B	Notification of Illness	43	126	102	271
C	Mental Illness	4	13	13	30
D	Notification of Death	63	78	86	227
E	Self Harm (including threat of, or actual suicide)	2	7	6	15
F	Domestic Violence	1	4	2	7
G	Relationship Issues	6	39	48	93
H	Drug & Alcohol Issues	0	3	4	7
I	Housing - Non-maintenance Issues	3	20	16	39
J	Separation Issues	13	58	44	115
K	Breakdown of Relationship Issues	4	18	24	46
L	Special Needs	2	2	4	8
M	Parenting Issues	18	29	32	79
N	Child Protection Issues	2	3	1	6
O	Childcare	1	4	10	15
P	Incident Issues	0	3	1	4
Q	Mail Issues	0	2	0	2
R	Admin (pay, leave & conditions)	55	23	19	97
S	Housing – Maintenance Issues	0	0	3	3
	Yet to be classified	0	2	0	2
	<b>Totals</b>	<b>235</b>	<b>459</b>	<b>471</b>	<b>1165</b>
WELFARE CASE BY SERVICE					
	ARMY	203	378	249	830
	NAVY	11	56	212	279
	AIR FORCE	21	22	10	53
	OTHER		3		3
	<b>Totals</b>	<b>235</b>	<b>459</b>	<b>471</b>	<b>1165</b>
as at 24 Jun 02					

NWCC WEEKLY AVERAGES					
	Activity	99-00	00-01	01-02	Overall
	PHONE CALLS	206	189	236	210
	WELFARE CASES	6	9	9	8
	ACTION CASES		2	8	6
	COMPASSIONATE RETURNS	2	3	2	2
	FAMILY INFORMATION PACKS	254	228	332	200
	FAMILY LETTERS inc Newsletters		86	551	228
	DATA WRITES				800
as at 24 Jun 02					
NWCC FAMILY INFORMATION PACKS					
	Activity	99-00	00-01	01-02	Overall
	OP TANAGER	2230	6508	4205	12943
	OP WARDEN	6019			6019
	ADMIN	2163	160		2323
	<b>Totals</b>	<b>10412</b>	<b>6668</b>	<b>4205</b>	<b>21285</b>
NWCC FAMILY LETTERS inc Newsletters					
	Activity	99-00	00-01	01-02	Overall
	OP TANAGER/CITADEL		1712	6082	7794
	ADMIN		461		461
	<b>Totals</b>		<b>4446</b>	<b>28496</b>	<b>32942</b>

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1. Original table modified to show Op Warden/Tanager



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## NATIONAL WELFARE COORDINATION CENTRE

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Building 200 Randwick Barracks, Avoca Street, RANDWICK NSW 2031

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641-3-1

NWCC 154/00

See Distribution List

**NWCC customer survey**  
**23 june – 1 oct 2000**  
**report on findings**

**References:**

A. NWCC Administrative Instruction 1/2000 dated 29 Feb 00

B. NWCC Business Plan dated 15 Sep 99

NWCC Staff Development Planning dated 19 Jun 00

**Introduction**

1. NWCC provides a welfare and support service to families of deployed members. In Jun 2000, a survey of unit activities was conducted to evaluate the current services and provide guidance to the unit on updating existing material and services. This Customer Survey was an initiative of the OPS SPT Cell.
2. The NWCC was newly created in Sep 1999 to support families of Defence members deployed on OP WARDEN. In that context, the unit has experienced some difficulties including change management issues around extant policy and procedures and misconceptions about the unit's role and tasking (ref A).
3. Whilst there has been some discussion around the value of the NWCC from a Defence perspective, little consultation has been undertaken with the service users – the families. NWCC needed to know their reaction to the service; was it useful, accessible, appropriate and adequate?

**Aim**

4. The aim of the Customer Survey was to assess families' level of satisfaction with the service provided by NWCC. Data from the Survey will contribute to refining and developing services (ref B). Ongoing evaluation will ensure the unit is meeting its mission and is enabled to enhance its services in line with customer needs.

**Methodology**

5. A questionnaire was considered the most appropriate method of gaining information from families located Australia-wide. As the unit operates a call centre with a focus on verbal information, it was considered valuable to have written reinforcement of issues raised. A copy of the Customer Survey Questionnaire is attached as annex A.

6. The Survey was designed to ensure anonymity, to encourage frank and honest response and allow families to have input into the support network that is set up to meet their needs. Families were at liberty to reveal their name and contact details if they chose. To further encourage responses to the Survey, a reply-paid envelope was attached to each.

7. The Survey target group of 500 families was selected randomly from the Family Registrations Database. The following general conditions applied to this selection:

- a. Families were selected from all three services: Navy, Army and Airforce.
- b. All families had been registered with NWCC by Defence members on deployment. (It should be noted that not all members elect to have their family/NOK sent a Family Information Pack.)
- c. Families were recorded on the database as having been sent a Pack.
- d. Families who had been on the database for less than three months were not chosen. This ensured that each family had ample time and opportunity to use the service.
- e. Families of deployed members who were shown as returned for a period greater than three months were not chosen. There is no requirement for members to keep their Family Registration details up to date once they have returned from deployment.

8. The Survey Reference Group represented 8.5% of deployed members' families. The breakdown of Family Registrations is:

No.	%	Family Registrations Database (as at 28 Nov 00)
15709		Members registered on the Database
14573		Families sent Family Packs (at members request)
5818		Currently deployed members – all operations
4217		Families of currently deployed members sent Family Packs
500	8.5%	Deployed members' families surveyed

9. The Survey was mailed out on 23 Jun 00 and responses monitored over the period 23 Jun 2000 to 1 Oct 2000. No specific return date was indicated on the Survey.

10. Other resources were not utilised in compiling data for this Survey.

### **Findings and Analysis**

11. The Survey provided for both quantitative and qualitative data analysis. The comments from Question 9 and 10 were summarised, grouped to reveal main themes and issues noted against these themes. Statistics were produced to record how frequently each issue was raised.

**12.Call Centre.** The main themes against these questions related to:

*a. Awareness of the support facility.* There is excellent visibility (67%) of the 1800 number and the 24hr support facility, however some confusion exists over the different roles of support agencies.

*b. Use of the NWCC service.* Only a small percentage (16%) of families surveyed used the service. Given the current call rate<sup>2</sup> and unit's anticipated tasking expansion, there is potential for a considerable increase in demand for the centre.

*c. The quality of service provided to families.* Families were generally satisfied with the response to their calls. The same 16% who used the service indicated that they were satisfied with the process. NWCC tries to be outcomes responsive and ensures follow-up in a timely manner of matters referred. Staff training (ref C) has been developed to ensure provision of a responsive and professional service by call operators.

*d. Families' views of support provided in general.* Families' views on NWCC support services were canvassed. Some data was skewed due to their misunderstanding the role of individual agencies. However, some excellent feedback was provided in respect of DCO and unit support which will add to better understanding of family needs for all agencies. Lack of role awareness will be addressed through briefings and an NWCC 'marketing campaign'. Generally, families were satisfied (47%) with the current deployment information, however many more took the opportunity to make suggestions to improve the family and support services.

**13.Family Information Pack.** The main themes against this question were:

*a. Suitability of current Information Pack format.* At least half of those who commented (47%) indicated that they were satisfied with the current format and could not suggest any changes. This positive response indicates that the material<sup>3</sup> was well received and of use to families.

*"I thought the tips on changes to expect on my husband's return were very useful. In the first few days he was still in 'military mode' and I dealt with it well having had some prior insight through the package." (107)*

*b. Relevancy of material.* Families expressed some concern over the children's activity book (14%). Issues ranged from 'aggressive' pictures, appeal to one age group and inappropriate distribution to families without children. The Activity Book has been reviewed in light of these comments and adjustments made, although it is still more suitable for primary age children. Further development, with input by specialist staff (REDLO), will be undertaken in 2001. Customised distribution is difficult given the mail-out time frame, staffing of the OPS SPT Cell and the quantity of packs mailed.

*"The package contents were very good although the kids activity books are more suited to older children not toddlers." (108)*

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2. An average of 200 calls per week. NWCC Weekly SITREP.

3. Some of the material is sourced from the Deployment Guide produced by 1 Psychology Unit.

c. **Design and content of material.** Families clearly expressed a desire for more practical information (18%) eg newsletters, phone lists, support groups etc. This information is more appropriate to come from the servicing DCO and parent unit with NWCC acting in its role as a referral agency to these services. Families are advised on how to contact their local DCO through the Pack and newsletters.

*“Info on Local Community Centre groups (eg craft) especially if there is babysitting for mum’s that need a break and want to make friends. The Townsville RAAF Base Community Centre has been a great support for me and it’s a shame more spouses aren’t told about it when their husband is away.” (23)*

d. **Delivery of Pack.** Pack delivery is an important issue although only raised by a few individuals (6%) in this question. For the information to be of best use to families, it is better that the pack is sent before the member deploys. Families have supported this. The difficulty lies with units notifying NWCC of the member’s deployment either too late or in some cases, not at all. Action has been taken (in the form of educating units and a clear instruction from higher command) to rectify this.

*“By the time I received the package a lot of it was not relevant. It would have been handy to read before deployment before my husband actually left not a month later. Apart from that, it’s a very good package.” (30)*

**14 General Issues or Concerns.** The main themes against this question were:

a. **Family Information Pack.** Again, families (34%) raised matters that concerned delivery, content, material and suitability of the pack. In general, families were satisfied with the pack however, expressed a desire for it to be delivered before the member deploys. Receipt of multiple packs (5%) was also raised as an issue and unit procedures will be reviewed to minimise this occurrence. Perhaps the greatest concern for NWCC is the misunderstanding by families of family support agency roles. NWCC needs greater visibility and should achieve this eventually through education, advertising, briefings and agency cooperation.

*“As the package had not reached us till after 14<sup>th</sup> day of deployment – it was very much out of date and any events the children and I could have gone to – we missed out on. Admittedly it has been more informative than with the Cambodian trip but the time factor (delay) needs improvement.” (112)*

b. **Support Network in general.** Families’ experiences and expectations of family support (44%) vary greatly. It is quite clear that communication is the key to resolving this issue and responsibility rests largely with the member. However, the member’s unit, NWCC and the servicing DCO need to work cooperatively to ensure that information, firstly is available and easy to access, and secondly is presented in a suitable and accessible format. Lack of contact with families is an issue that arises from comments frequently. Families are confused about what kind of support is provided by which agency – their needs are simply expressed as a desire for “more contact”. For some, it is the frustration of what they perceive to be long-term neglect or lack of recognition of their support that drives them to be cynical about the Defence organisation. It could be argued that very few organisations provide support to families in this way, however family support needs to be recognised as a contributing factor in successful operations,<sup>4</sup> and therefore time (and money) invested in its cultivation.

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4. Sheldon, L. Chairman’s Letter in Army Families Journal, Autumn 1999 pp. 3 (AFF British Army publication)

*"My husband has been in the Reserve for many years. He has served in the Gulf, Rwanda, Bougainville and East Timor. This is his choice. My children have never received any info from the Defence Force nor has their efforts and sacrifices ever been recognised. There is considerable disruption to family life when my husband goes away. We are not an army family and this impacts on my three boys." (8)*

*"I found it helpful to know there was support available should I need it. Whilst I didn't make contact I was very worried about my husband in the first weeks of him being in Dili and found it quite stressful. Knowing support was available was great." (107)*

c. **Specific Agency support.** Specific comment was made about agencies other than the NWCC (22%). Whilst some criticism was scathing against both unit and DCO support, this needs to be balanced against the many positive comments. Once again the issues raised were lack of contact, inadequate determination of family needs and poor communication.

*"I found the lack of support from my husband's unit a problem while he was away. Also DCO contact was made after he had been gone for 4 months. Looking back maybe I should have contacted the NWCC for support. My family survived the experience and we are glad he is now home." (124)*

*"The only contact I had was someone from the owning unit ringing after 12 wks to check NOK details – and another call 2 days after he returned inviting me to a debriefing session in Vic. (I am in QLD). When a member deploys with a unit that he normally doesn't belong to there is nothing. Also because of this there was no pre-deployment seminar that a lot of other spouses had and the promised 'paperwork' never arrived." (101)*

## Conclusions

15. Most families who had responded to the Survey were aware of NWCC services (Call Centre and Family Information Pack) and appreciated the support network available to them. Generally they were happy with the quality of service provided by NWCC and were willing to offer suggestions to improve it.

16. Families clearly want greater support and to be acknowledged for the role that they play in sustaining operational service. NWCC with its database of deployed members is well placed to provide the framework for coordinating this support. DCO's have ready access to the names of deployed persons' NOK/emergency contacts located in their area and can arrange for appropriate contact with families.

17. Units should also be cognisant of the needs of their member's families and produce welfare plans to include effective support mechanisms, particularly for those members who are posted in at the time of deployment. Regular liaison between units and NWCC is essential. The accuracy of the Family Registrations Database rests with units vigilantly monitoring details of deploying and returning members, ensuring Family Registration Forms are forwarded to NWCC for action.

18. The Survey has revealed a desire for:

a. An improved support network,

*"The map was the most important piece in the package. It helped my son understand where his father was and encouraged further discussion in the separation. Package needs to be organised as close to separation as possible. I felt it was an afterthought 3 months into separation." (28)*

*"I was told someone from a support group was meant to contact me during this deployment and no one did." (141)*



b. Increased personal contact, particularly phone contact,

*“He’s been gone 8 months and I’ve had one message on the machine and two pieces of correspondence including this survey – how about a little phone contact? Luckily I have a life but many others don’t.” (68)*

c. Wider consultation (feeling valued), and

*“Not once was I ever sent any material from the RAAF using my correct name – my partner has checked that it is correct in files – I was sent mail by 5 different names.” (18)*

d. Opportunity to be made aware of their entitlement.

*“I would like to thank all the personnel involved in the support network. Although we did not avail ourselves of the available facilities just to know that they were there when we had our three in Timor made such a difference. Well done for all your work and again thank you.” (42)*

19. Interaction with families will create a climate of trust, assurance that their needs are being met and provide feedback mechanisms to allow rigorous review of services. As service providers, we need to know what families want and to structure our services around this. It is important to live up to our promises and if contact is promised then it needs to be coordinated effectively. Lastly, agencies need to communicate – with families and with each other. This will ensure that families clearly understand what is provided for them.

20. This survey has provided a valuable source of data. It will allow NWCC to fine-tune its services but will also made a valuable contribution to understanding the needs of the families in the wider context of family support provision during deployments and long-term separation.

### **Recommendations**

21. **NWCC operations.** NWCC will continue to operate in accordance with its current tasking, however will implement the following changes in the coming year:

- a. Make minor adjustments to the Family Information Pack contents.
- b. Explore other “contact” options including publication of regular newsletters (Quarterly), construction of an Internet web site available to families and development of classroom or school project material.
- c. Pack delivery will be reviewed by monitoring delivery from the mail centre and liaising with units to ensure Registration Forms are forwarded to NWCC as early as possible.
- d. Conduct regular unit briefings and liaise with units and DCOs to promote the unit.
- e. Review the existing NWCC brief to ensure that members understand the implications of not requesting the Family Information Pack or requesting multiples.
- f. Develop a marketing plan and review the current Admin Instruction.
- g. Review the unit’s capacity to handle increased use of NWCC services and refine the staff training program.

22. **Support Network.** Agency cooperation and regular evaluation of services should ensure that existing family support measures are effective and in keeping with families’ needs. It is critical however, that agencies avoid promoting a “welfare mentality”<sup>5</sup> but rather facilitate self-help and independence.

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5. In the early days of OP WARDEN, unit provided lawn mowing was the subject of many calls to NWCC and caused much angst.

23. Support agencies should work together to ensure:
- a. regular contact is maintained,
  - b. consultation with families is undertaken, and
  - c. communication opportunities are regularly provided.

(Original Signed)

J.A. PAKES

MAJ

OC NWCC

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30 November 2000

**Annexes:**

A. NWCC Customer Survey Questionnaire

Customer Survey Results

**Distribution List:**

DFSU for CO

HQLSF for SO1 Admin

HQAST for J15

ASNCE for J15

DCOHQ for DPFSO

Written Responses:

No.	%		Comments
89	64.5		Included comments
Observations & Conclusions:			Families appeared happy to provide comment on the service
No.	%		No Comments
49	35.5		Total No Comments
		38	Aware of the 1800 number
		11	Not aware of the 1800 number
Observations & Conclusions:			Of those who made no comment, only one was returned completely blank Eight indicated that they did not know about the 1800 number but rated the Family Pack highly: these families must have had some visibility of the 1800 number

Call Centre (Questions 1-6):

d. Question 1: Awareness of 1800 number dedicated to family support

<b>Yes</b>	95	67%
<b>No</b>	41	32%
<b>N/R<sup>1</sup></b>	2	1%
<b>Observations &amp; Conclusions:</b>		
<p>Good visibility of 1800 number</p> <p>A Family Pack was sent to all reference group families (and was recorded on database). The 1800 number is mentioned frequently in literature provided in the Pack. The fridge magnet also displays the 1800 number. Some may have changed address and not received Pack (hence the Return to Senders)</p> <p>Not everyone read the Pack</p> <p>Appears to be some confusion over role of agencies, particularly when similar information is posted.</p>		

1. N/R indicates no response to this question

e. Question 2: Awareness of support available 24 hrs & free-call

<b>Yes</b>	90	65%	
<b>No</b>	44	32%	
<b>N/R</b>	4	3%	
<b>Observations &amp; Conclusions:</b>			<p>Slightly fewer families were aware that the 1800 number provided 24 hour support and that it was a free call</p> <p>The unit makes only one contact with families and only if requested by member</p> <p>Increased contact (eg newsletter, brochure) with families will increase awareness</p>

f. Question 3: Families who used 1800 number

<b>Yes</b>	22	16%	
<b>No</b>	113	82%	
<b>N/R</b>	3	2%	
<b>Observations &amp; Conclusions:</b>			<p>Only 16% accessed the 1800 service</p> <p>The 1800 currently avg 200 calls per week (SITREPS)</p> <p>With increased awareness of the 1800 service and expansion of unit's responsibility, calls have the potential to increase considerably</p>

Question 4: Call answered promptly & professionally

<b>Yes</b>	22	16%	
<b>No</b>	9	7%	
<b>N/R</b>	107	77%	
<b>Observations &amp; Conclusions:</b>			<p>Families that used the 1800 service were generally satisfied with the response to their calls</p> <p>NWCC was able to source relevant information to solve most issues raised</p> <p>Training need identified – listening/customer service</p> <p>Reasons were not stated for those dissatisfied with the quality of the service</p>

g. Question 5: NWCC able to respond to query

<b>Yes</b>	20	14%
<b>No</b>	9	7%
<b>N/R</b>	109	79%
<b>Observations &amp; Conclusions:</b>	<p>Call Operators were able to satisfy most callers queries  NWCC needs to be kept aware of current operational information in order to continue to satisfy callers requests  Reasons were not stated for those dissatisfied with the quality of the service</p>	

h. Question 6: Referral to another agency

<b>Yes</b>	5	3%
<b>No</b>	11	9%
<b>N/R</b>	122	88%
<b>Observations &amp; Conclusions:</b>	<p>Very few families were referred on to other agencies. NWCC has adopted the “policy” of getting back to the customer if they are unable to satisfy a query rather than referring on. The operators try to be outcomes responsive and are aware of families frustration with defence bureaucracy  It is clear that this question was confusing to families. There is a gap in understanding between the unit’s role as a referral agency and what “referred to (another) agency” meant  Issues identified as welfare cases are referred to the DCO. These are logged separately  Other referrals (to specific agencies) also need to be recorded</p>	

Family Information Pack (Questions 7-9):

j. Question 7: *Pack received*

<b>No.</b>	<b>%</b>	<b>Pack Received</b>
17	12%	Before deployment
6	4%	1-4 days after deployment
35	25.5%	5-14 days after deployment
76	55.5%	Greater than 14 days
<b>Observations &amp; Conclusions:</b>	<p>81% of packs were received after 5 days or more of deployment, 55.5% were received more than 14 days after. NWCC needs to be advised of the impending deployment of members well in advance to facilitate early issue of Family Packs to families  Some delays were experienced in the first months due to the “newness” of the unit and document preparation  Units need to be encouraged to be more proactive as families have indicated a desire to have the information pre deployment</p>	

k. Question 8: Rate contents of Pack

Rated	No.	%	Rating
1	55	40%	Excellent
2	5	3%	
3	13	9%	
4	5	3%	
5	35	25%	Average
6	0		
7	8	6%	
8	5	3%	
9	2	1%	Poor
10	0		
N/R	10	7%	
Observations & Conclusions:			<p>82% rated the Pack average or above</p> <p>11% rated the Pack average or below</p> <p>Most recipients were happy with the contents of the Family Information Pack. This however, needs to be considered in light of the comments made against Question 9</p>

l. Question 9: *Added or removed from Pack*

No.	%	Main Themes Raised	
62		Made comment about:	
	47	29	Suitability of current format
	18	11	Relevancy of material
	29	18	Design and Content of material
	6	4	Delivery of Pack

m.Question 9: Issues detail breakdown

No.	Issues
76	Made no comment
29	<b>Suitability of current format</b>
	13 Well put together, useful advice, excellent material for children
	20 No changes could be suggested
11	<b>Relevancy of material</b>
	9 Colouring-in book inappropriate
	1 Gender issues/patronising tone
	3 Information irrelevant
18	<b>Design and Content of material</b>
	2 Indexing needs to be improved
	1 No referencing
	2 Too large – send in batches
	2 Include more detailed professional information
	2 Consider use of grammar & technical jargon (defence speak)
	5 Provide more practical advice eg support groups
	4 Include more information specific to deployment eg Internet access, phone lists; unit activities
	1 Make more frequent contact eg newsletters
	3 Include “feelings” of current operations in material to make it relevant to the families
	4 Include information for other groups eg. working spouses
4	<b>Delivery of Pack</b>
	2 Too late, prefer before deployment
	2 Incorrect distribution (member’s election)/not received
Observations & Conclusions:	Provides an excellent guide to updating current material Also needs to be considered in light of the probable confusion over material sent out by unit and other support agencies eg DCO. We need to ensure a coordinated approach to family contact Packs should be mailed out pre-deployment

Question 10: Comments or concerns

No	%	Main Themes Raised
77		Made comment about:
	34	26 Family Information Pack (FIP)
	44	34 Support Network - general
	22	17 Agency specific support



## Question 10: Issues

No	%	Issues <sup>1</sup>
61		Made no comment
26		Family Information Pack
		Pack specific
	10	Happy with Pack
	2	Inappropriate material
	6	Appreciated contents eg map/magnet
	2	Suggested member's receive pack
		Pack Delivery
	9	Received late
	2	Not received
	4	Received multiples
34		Support Network - general
	18	Appreciated information and service
	3	Appreciated ability to contact member directly by phone
	5	Need to improve operation access (eg phone/Internet)
	2	Made direct contact with member (didn't need service)
	3	Poor acknowledgment by Defence of member & family
	10	Found support network poor
	9	Need to improve family contact
	1	Need for follow-up information
	1	Need to consult with families to determine service needs
17		Agency specific support
	4	DCO support appreciated
	9	DCO support inadequate
	7	Unit support appreciated
	8	Unit support inadequate
	2	Chaplain support appreciated
Observations & Conclusions:		<p>People were generally happy with the Pack and suggested a few modifications</p> <p>Late receipt of the Pack came up repeatedly as an issue</p> <p>Families appreciated information however, found the support network inadequate</p>

1. Many comments covered a multiple of issues.



DEPARTMENT OF DEFENCE  
National Welfare Coordination Centre  
**CUSTOMER SURVEY**

**ANNEX A TO  
NWCC 154/00  
DATED 30 NOV 00**

Dear Family Member

On 20 Sep 99, the National Welfare Coordination Centre (NWCC) was established to provide a single point of contact for the coordination of welfare support to the families of and next of kin of personnel deployed to East Timor. Since then, the unit's charter has expanded to include support to members deployed on designated operations, both overseas and in Australia, including members who are in support of those operations. Currently, NWCC supports OP TANAGER and OP GOLD.

The NWCC maintains a free call 1800 801 026 number available 24 hrs a day for provision of advice and welfare support and distributes a family information package aimed at giving families of deployed members an understanding of the issues they may face while the member is deployed.

To help the NWCC, maintain and improve services we would like you to participate in a customer survey. This survey will enable us to focus on the issues that are important to you and to improve the level of service received by families in the future.

Thank you for your assistance. For your convenience please find a Reply Paid Envelope.

Call Centre

1. Were you aware of the 1800 801 026 number?  
Yes No
2. Were you aware the 1800 number was a free call and available 24 hours a day?  
Yes No
3. Have you used the 1800 number?  
Yes No
4. Was your call answered promptly and professionally?  
Yes No
5. Was the NWCC Operator able to answer your query?  
Yes No
6. If NO, were you referred to an agency that was able to answer your questions, eg FIND?  
Yes No

Family Information Package

7. How long before/after your NOK's deployment did you receive your Family Information Package?

Before deployment   1 – 4 days after   5 – 14 days after   More than 14 days after

8. How would you rate the contents of the package (1 excellent, 5 average, 10 poor)?

9. Is there anything you would like to see removed or added to the package?

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10. Any additional comments/concerns that you may have at this time?

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Thank you once again for your assistance. If you have any queries in regards to the completion of this survey, please phone 1800 801 026.

ANNEX B TO  
NWCC 154/00  
DATED 30 NOV 00

**NWCC CUSTOMER SURVEY RESULTS**

Return Rate:

No.	%	Returns
500	100%	Mailed out
138	28%	Returned completed
11	2.5%	Returned "return to sender"
3		Responded after data collection date
Observations & Conclusions:		A return rate for surveys of between 20-40% is considered low <sup>1</sup> At 28%, the response is considered to be positive as families are not used to being asked for input The selection does not indicate a particular bias, however only represents the views of 2% of families of deployed Defence personnel

1. Wadsworth, Y. (1997) *Do It Yourself Social Research* (2<sup>nd</sup> edn), Allen & Unwin: St Leonards Australia.



# APPENDIX 4

## Advertisement

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### WOULD YOU LIKE TO TALK ABOUT YOUR EXPERIENCES OF DEPLOYMENT TO EAST TIMOR?

My name is Philip Siebler and I am conducting a research project which aims to find out about the experiences of serving personnel and any partner before, during and after deployment of the member to East Timor. I am doing this study for a PhD, under the supervision of Associate Professor Chris Goddard, in the Department of Social Work at Monash University. It is hoped this information will assist the Defence Community Organisation (DCO) in better understanding and responding to the needs of ADF families who experience separation. In particular, I seek a wide range of Defence families- full-time, reserve, sole parent, dual career, single members, and so on.

If you agree to take part, the interview will take about one and a half hours at a mutually convenient time and place. **I will travel to your location.** Your name and address will not be identified in any way with anything you may say to the interviewer.

For further information, please contact me at DCO-Puckapunyal on 03 5735 7723 or 03 5735 7731 (work hours) or e-mail [philip.siebler@defence.gov.au](mailto:philip.siebler@defence.gov.au). This will not place you under any obligation to proceed with an interview. The research is approved by the Australian Defence Medical Ethics Committee and Monash University.



# APPENDIX 5

## Information Sheet For Members

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### INFORMATION SHEET FOR MEMBERS

#### THE SEPARATION EXPERIENCES OF AUSTRALIAN MILITARY FAMILIES DURING OVERSEAS DEPLOYMENT TO EAST TIMOR

##### **1. Brief Description of the Study**

The aim of this research is to gain a better understanding of the needs of Australian Defence Force personnel with or without dependant children and their partners before, during and after overseas deployment. I hope that the information gained will identify the coping strategies and resources used during separation and reunion and assist the Defence Organisation to better help families that are part of the Defence community to both strengthen families and the member's ability to carry out his/her work.

##### **2. “Your Part in the Study”**

I am seeking ADF personnel and any partners to participate. Personnel will be sought from the Army, Navy and Air Force and will have been deployed to East Timor in either Operation Warden or Operation Tanager for at least three months. I am seeking military families with at least one dependant child living with them at the time of deployment. I would be interested in talking with extended family caregivers also who may have provided care for children of sole military parents who were deployed.

I would like to interview sole military parents, couples or other caregivers at a mutually convenient time and location such as your residence or local DCO office. The interview will take about one and a half hours of your time. Interviews will be audiotaped to help me have an accurate record of what you say.

Participation is entirely voluntary. If you agree to participate you may withdraw your consent at any time without detriment to your career or ongoing medical care. No-one will be identified in the research and only the combined results of all participants will be published.

##### **3. Risks of participating**

It is possible that some people may find the questions upsetting because we will be talking about your experiences of being separated during deployment. If necessary, counselling can be made available through your local DCO office or other suitable service. Qualified social workers at DCO will provide counselling at no cost if required and names and contact details will be made available at the interview.

##### **4. “On Duty”**

ADF members will be considered ‘on duty’ during participation.



## **5. Statement of Privacy**

Maintaining confidentiality is important in any research. University Regulations governing research state that tapes and any notes made must be stored safely and all data will be stored under lock and key at the University for five years. Only the researchers will have access to the tapes and any notes. Anonymity will be preserved in any reports or published articles. Participants may choose a pseudonym to preserve anonymity. Any information collected will be used for the purpose of this study and no other, without the express permission of the participants.

## **6. Investigator(s)**

### **a. Chief Investigator**

Associate Professor Chris Goddard, Monash University, telephone; 03 9903 1120

### **b. Partner Investigator**

Philip Siebler, DCO social worker, telephone 03 5735 7723

**Should you have any complaints or concerns about the manner in which this Project is conducted, please do not hesitate to contact the researchers in person, or you may prefer to contact the Australian Defence Medical Ethics Committee at the following address:**

**Executive Secretary**

**Australian Defence Medical Ethics Committee**

**CP2-7-66**

**Department of Defence**

**CANBERRA ACT 2600**

Telephone: (02) 6266 3818 Fax: (02) 6266 4982

# APPENDIX 6

## Consent Form

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### CONSENT FORM FOR MEMBERS

#### SEPARATION EXPERIENCES OF AUSTRALIAN MILITARY FAMILIES DURING OVERSEAS DEPLOYMENT TO EAST TIMOR

I.....

agree to participate in the project mentioned above on the following basis:

- I have had explained to me the aims of the research project, how it will be conducted and my role in it. I agree to participate.

I understand that talking about my experiences of being apart during the East Timor deployment may cause discomfort and/or distress. I understand the interviewer will cease the interview if requested and, if requested by me, provide details of counselling services available via the local DCO office or other appropriate service.

- I understand that I am participating in this project in a voluntary capacity and can withdraw at any time without detriment to my career or ongoing medical care.

I am co-operating in this project on condition that:

- the information I provide will be kept confidential
- the information will be used only for this project
- the research results will be made available to me at my request and any published reports of the study will preserve my anonymity.

I have been given a copy of the information sheet and this form, signed by me and by the principal researcher (Associate Professor Chris Goddard) to keep.

I have also been given a copy of ADMEC'S Guidelines for Volunteers.

.....  
(participant) (date)

.....  
(principal researcher) (date)



# APPENDIX 7

## Initial Data Analysis Proforma

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INTERVIEW NUMBER.....DATE.....

1. WHAT WERE THE CENTRAL THEMES?
  - PRE-DEPLOYMENT
  - DEPLOYMENT
  - POST-DEPLOYMENT
2. WHAT WERE THE QUOTABLE QUOTES?
3. HOW RESPONDENTS MAY DIFFER ACCORDING TO –
  - OPERATION DEPLOYED ON
  - SERVICE TYPE
  - AGE, LENGTH OF SERVICE, RELATIONSHIP STATUS
4. WHAT IS THE ESSENCE OF THE EXPERIENCE?
5. WHAT SUPPORTS WERE EFFECTIVE?
6. WHAT SUPPORTS ARE SUGGESTED FOR FUTURE DEPLOYMENT?
7. CHILDREN'S WELL-BEING, EDUCATION?
8. EXTENDED FAMILY?
9. HOW HAS THE EXPERIENCE CHANGED PEOPLE?
10. HOW HAS THE EXPERIENCE IMPACTED ON COMMITMENT TO THE ADF?
11. WHAT ADVICE IS OFFERED FOR PEOPLE UNDERGOING A SIMILAR EXPERIENCE?
12. WHAT WAS THE 'TONE' OR 'FEELING' OF THE INTERVIEW? WHAT HASN'T BEEN SAID? WHAT WERE MY FEELINGS AND REACTIONS?
13. WHAT IS MOST SURPRISING/NOTEWORTHY/INTERESTING IN THE INTERVIEWS AND WHY? WHAT CODES JUMP OUT AT ME?
14. WHAT COMPLEMENTS AND DISTINGUISHES THE FINDINGS FROM PREVIOUS RESEARCH?



# APPENDIX 8

## Codes

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Number of Nodes:93

- 1 (1) /Pre-Deployment
- 2 (1 1) /Pre-Deployment/Preparing
- 3 (1 2) /Pre-Deployment/Family Support
- 4 (1 3) /Pre-Deployment/Effect on Spouse Employment
- 5 (1 4) /Pre-Deployment/Effect on Children
- 6 (1 5) /Pre-Deployment/Access to Information
- 7 (1 6) /Pre-Deployment/Reactions
- 8 (1 7) /Pre-Deployment/Unit~Base~ Ship Support 2
- 9 (1 8) /Pre-Deployment/DCO
- 10(1 9) /Pre-Deployment/Family Care Plans
- 11(1 10) /Pre-Deployment/Amount of Notice
- 12(2) /Deployment
- 13(2 1) /Deployment/Farewells
- 14(2 2) /Deployment/Communication
- 15(2 3) /Deployment/Information Provision
- 16(2 4) /Deployment/Well-being
- 17(2 5) /Deployment/Managing the Separation
- 18(2 6) /Deployment/Family Crises and Return of Deployed
- 19(2 7) /Deployment/Effects on Relationships
- 20(2 8) /Deployment/DCO
- 21(2 9) /Deployment/Impact of Media
- 22(2 10) /Deployment/Unit~Ship~Base Support 2
- 23(2 11) /Deployment/Impact on Schooling
- 24(2 12) /Deployment/Family Support Groups
- 25(2 13) /Deployment/Day to Day routines
- 26(2 14) /Deployment/Previous Separations
- 27(2 15) /Deployment/Stessors in East Timor
- 28(2 16) /Deployment/FWSN Issues ~2 2 11~
- 29(2 17) /Deployment/NWCC
- 30(3) /Reunion
- 31(3 1) /Reunion/Preparing

32(3 2) /Reunion/Pros and Cons of Relief Leave  
 33(3 3) /Reunion/DCO  
 34(3 4) /Reunion/In-country Debrief  
 35(3 5) /Reunion/Acknowledgement  
 36(3 6) /Reunion/Arrival stories  
 37(4) /Post-Deployment  
 38(4 1) /Post-Deployment/Follow-up Debriefing  
 39(4 2) /Post-Deployment/Present Well-being  
 40(4 3) /Post-Deployment/Impact on Individuals  
 41(4 4) /Post-Deployment/Impact on Relationships  
 42(4 5) /Post-Deployment/Future Plans in the ADF  
 43(4 6) /Post-Deployment/Help-seeking  
 44(4 7) /Post-Deployment/DCO  
 45(4 8) /Post-Deployment/Opportunities to tell story  
 46(5) /Respondent's Perceptions of Optimal  
 47(5 1) /Respondent's Perceptions of Optimal/Culture of Caring  
 48(5 2) /Respondent's Perceptions of Optimal/DCO  
 49(5 3) /Respondent's Perceptions of Optimal/Catering for Non-traditional Families  
 50(5 4) /Respondent's Perceptions of Optimal/Using Technology  
 51(5 5) /Respondent's Perceptions of Optimal/Implications for Units~Bases~Ships  
 52(5 6) /Respondent's Perceptions of Optimal/Communication from the Theatre of Op  
 (5 7) /Respondent's Perceptions of Optimal/Policy

#### All Free Nodes

Created:29/12/01 - 5:42:08 PM

Modified:29/12/01 - 5:42:08 PM

Number of Nodes:7

- 1 Differentiation
- 2 Family factors
- 3 Nodeworthy
- 4 Quotes
- 5 Recommendations
- 6 Service culture
- 7 Theorising